

Name  
in  
Full

CERTIFICATE OF DEATH

Mary Le Austin

Town

County

Died at

East Port

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 Aug

17

Age

—

3

Sex

Female

Color or  
Race

White

Birth-  
place

East Port

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Robert Austin

Father's  
Birthplace

Annapolis Md

Mother's  
Maiden Name

Louisa H. Cross

Mother's  
Birthplace

Pittsburg Pa

Name of person giving  
Information

Louise Bortner

How related  
to deceased

Aunt

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

7 days

Immediate

Exhaustion

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. S. Neplein

Address

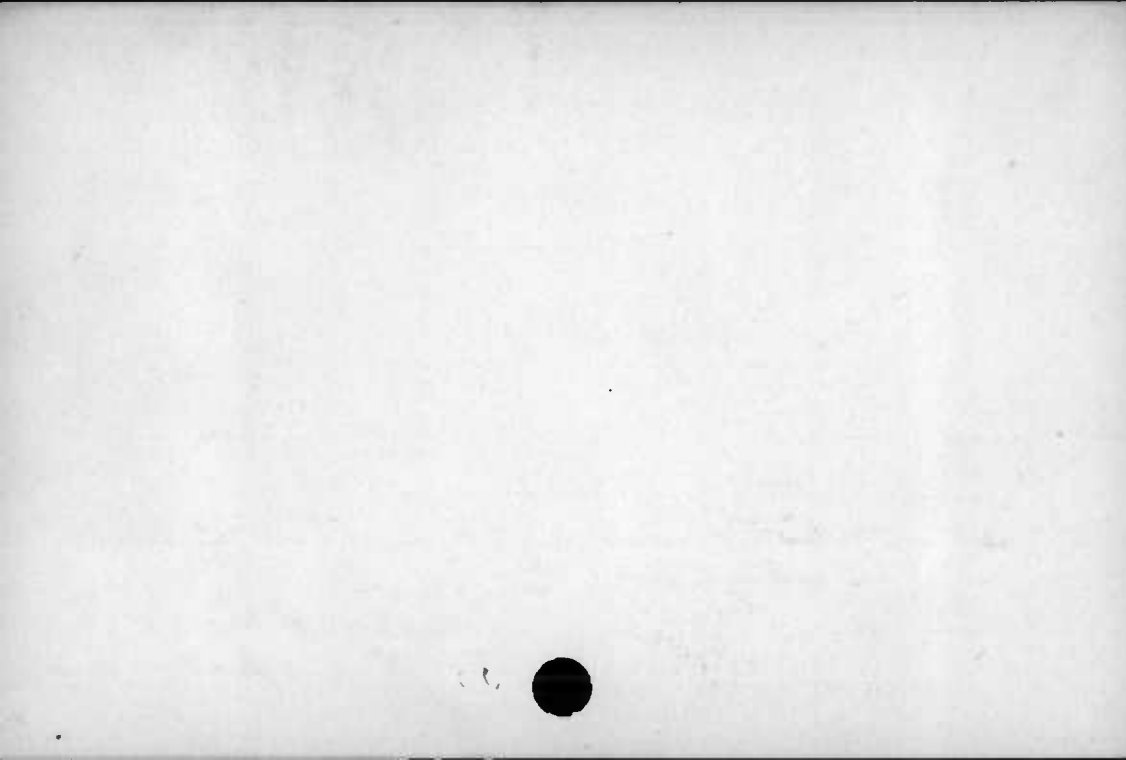
Annapolis Md.

Accident or Suicide?

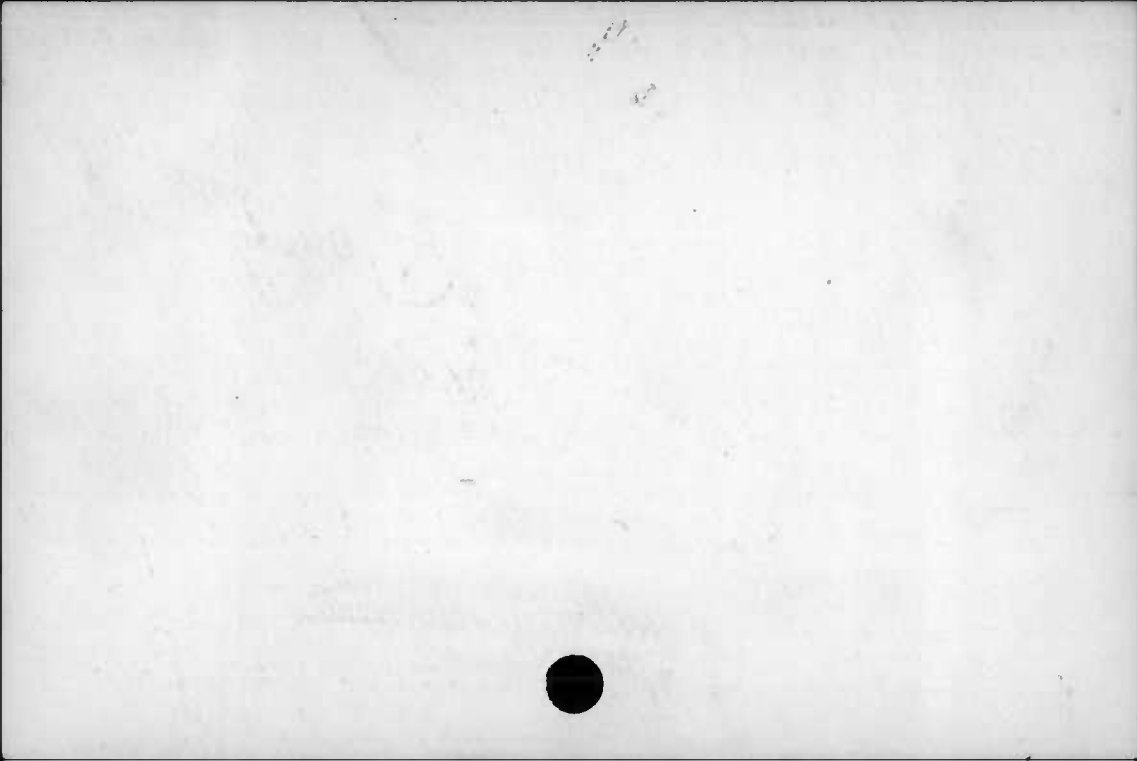
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1



Name in Full		(Still Born) Bowers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Annapolis</u>		Town <u>A. A.</u>		County		MARYLAND
	Date of death <u>1907 Aug 2</u>		Day <u>26</u>		Years		
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Annapolis</u>		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband		(S)		
	Father's Name <u>John T. Bowers</u>		Father's Birthplace <u>New York</u>				
	Mother's Maiden Name <u>Evelina C. Green</u>		Mother's Birthplace <u>Annapolis</u>				
	Name of person giving information <u>T. Kent Green</u>		How related to deceased <u>Uncle Brother</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Still Born		(S)		How long <u>one day</u>		
	Premature				How long <u>6 1/2 hrs.</u>		
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Geo. Wells</u>		Address <u>Annapolis Md.</u>		
	Yes <u>Yes</u> No <u>no.</u>						
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

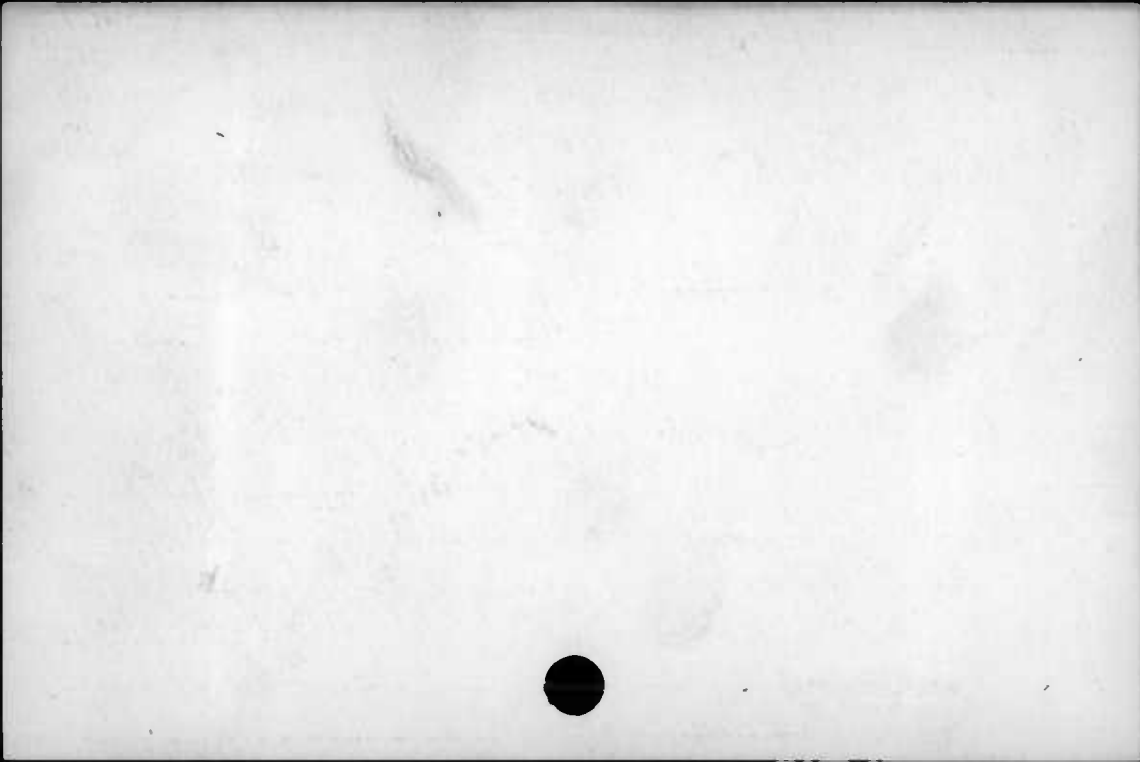
Died at <u>South Belts</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Aug</u>	Day <u>3<sup>d</sup></u>	Age <u>Unknown</u>	Years <u>Unknown</u> Months <u>Unknown</u> Days <u>Unknown</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Not known</u>		
Occupation <u>Unknown</u>			Where Residing if not at place of death <u>Unknown</u>		
Married, Single or Widowed <u>Unknown</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Unknown</u>			How related to deceased <u>Unknown</u>		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Consumption</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm S. [Signature]</u>
		Address <u>South Belts</u> <u>St. [Signature]</u>
Accident or Suicide?		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Annie Alverta Brown</b>		Town <b>Annapolis</b>		County <b>A.A.</b>		State <b>60</b>	
Died at <b>Annapolis</b>		Date of death <b>1907 Aug 15</b>		Age <b>2</b>		Months <b>1</b>	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birthplace <b>Annapolis</b>		Days <b>1</b>	
Occupation <b>Unk your</b>		Where Residing if not at place of death <b>76 Clay St</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Unk your</b>					
Father's Name <b>Charles Delamiah Brown</b>		Father's Birthplace <b>Annapolis</b>					
Mother's Maiden Name <b>Annie Alverta Johnson</b>		Mother's Birthplace <b>Daguerroville</b>					
Name of person giving information <b>Charles Delamiah Brown</b>		How related to deceased <b>Father</b>					

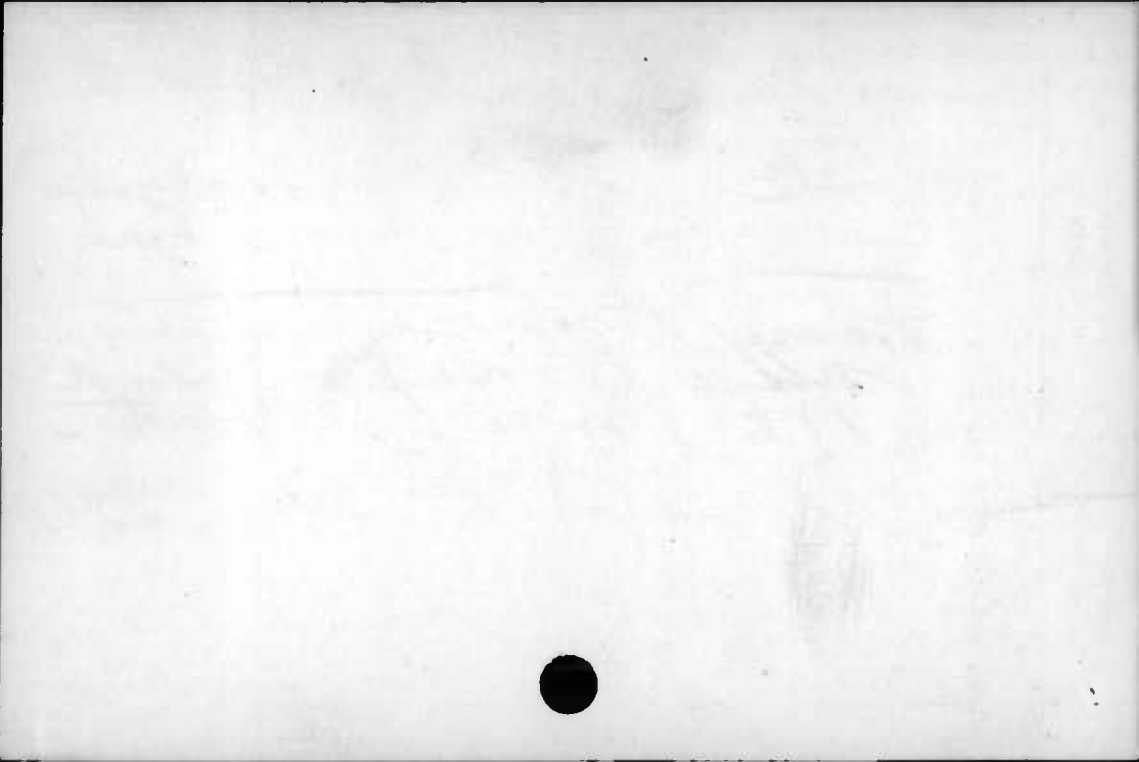
## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

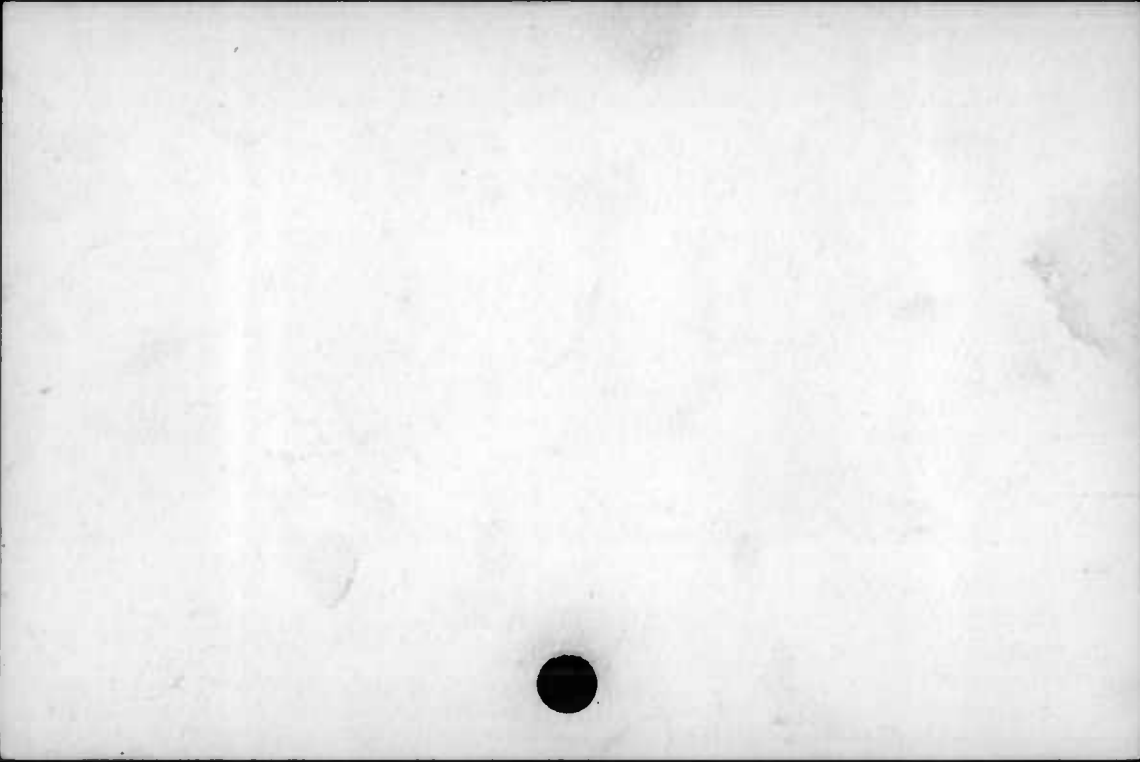
1

Primary <b>Gastro-enteric Catarrh</b>	How long <b>2 months</b>
Immediate <b>Convulsion</b>	How long <b>12 hrs</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>P. P. Keegan</b>
	Address <b>53 Cathedral St Annapolis Md.</b>
Accident or Suicide?	





Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
		Date of death <u>190</u> <u>July</u> <sup>Month</sup> <u>18</u> <sup>Day</sup>		Age <u>3</u> <sup>Years</sup>		<u>3</u> <sup>Months</sup> <u></u> <sup>Days</sup>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Annapolis</u>	
		Occupation <u></u>		Where Residing if not at place of death <u>West St. Evt</u>			
		Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
PHYSICIAN OR CORONER		Father's Name <u>Henry Brown</u>		Father's Birthplace <u>Waco, Ind</u>			
		Mother's Maiden Name <u>Julia Drosser</u>		Mother's Birthplace <u>Calumet Co., Ind</u>			
		Name of person giving information <u>H. E. Brown</u>		How related to deceased <u>brother</u>			
		CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">105</span>					
PHYSICIAN OR CORONER		Primary <u>Gastro-Enteritis</u>		How long <u>several months</u>			
		Immediate <u>Dyspeptic Diarrhoea</u>		How long <u>2 weeks</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Louis B. Hapel</u>			
		Address <u>Annapolis, Md.</u>		Address <u>Annapolis, Md.</u>			
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide? <u>Neither</u>							



Name  
in  
Full

Phil Cannon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND					
South Balto		Anne Arundel									
Date of death		1907	Month	8	Day	21	Age	20	Years	Months	Days
Sex		Male		Color or Race		Colored		Birth-place		Unknown	
Occupation		Laborer		Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Unknown		Father's Birthplace		Unknown					
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown					
Name of person giving information				How related to deceased							

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	Fall from Coal Pier	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. E. J. Schuchman	
		Address	
Accident or Suicide?		Accident	

Sam Brown

524 Union

Name  
in  
Full

Ludwika Chaja

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

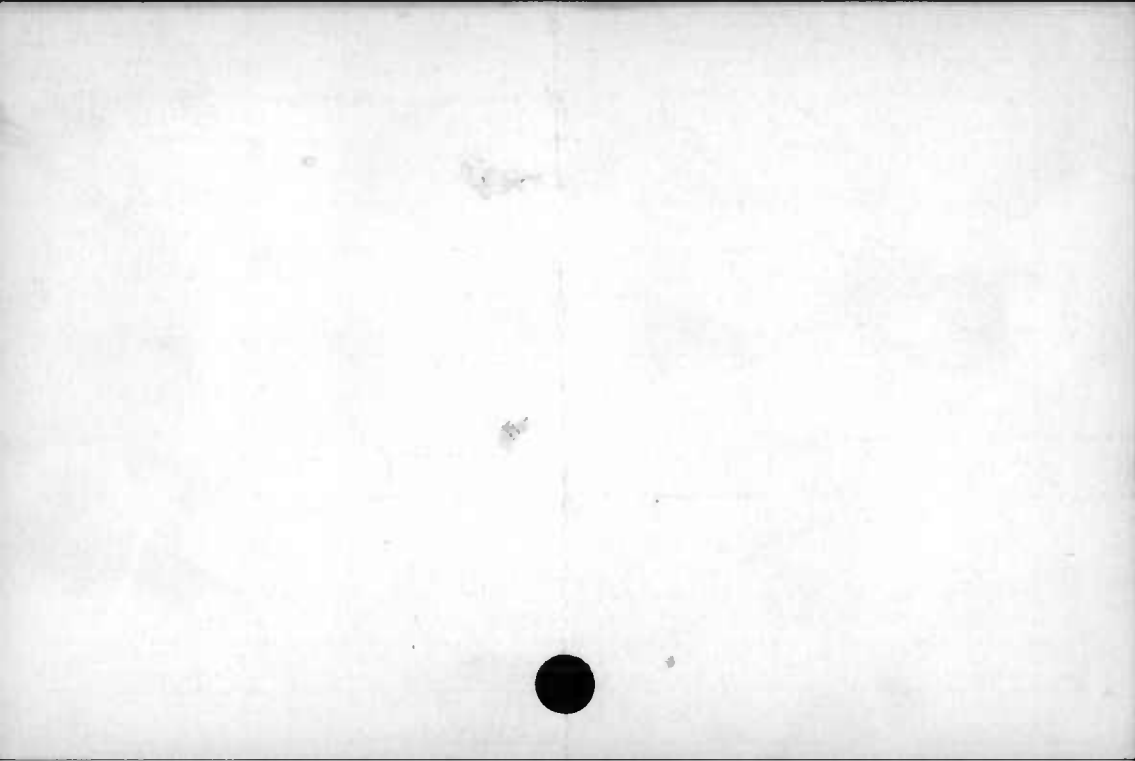
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	25	1	1	1	—
Sex	Female	Color or Race	W	Birth-place		Maryland	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	S	Name of Wife or Husband					
Father's Name	Francis Chaja				Father's Birthplace		
Mother's Maiden Name	Rosalie Karkyala				Mother's Birthplace		
Name of person giving information	Francis Chaja				How related to deceased		
				Father			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Acute Gastric Enteritis		How long	4 weeks
Immediate	Cholera Infantum		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes		William F. G. M.D.	Custis Bay Md.	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>A. A.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup>	<u>Aug</u> <sup>Day</sup>	<u>23</u> <sup>Age</sup>	<u>1</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Annapolis Md</u>			
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>Henry Colburn</u>	Father's Birthplace <u>Annapolis Md</u>				
Mother's Maiden Name <u>Gennie Golden</u>	Mother's Birthplace <u>Annapolis Md</u>				
Name of person giving information <u>Henry Colburn</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>3 days</u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. J. Murphy</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u></u>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

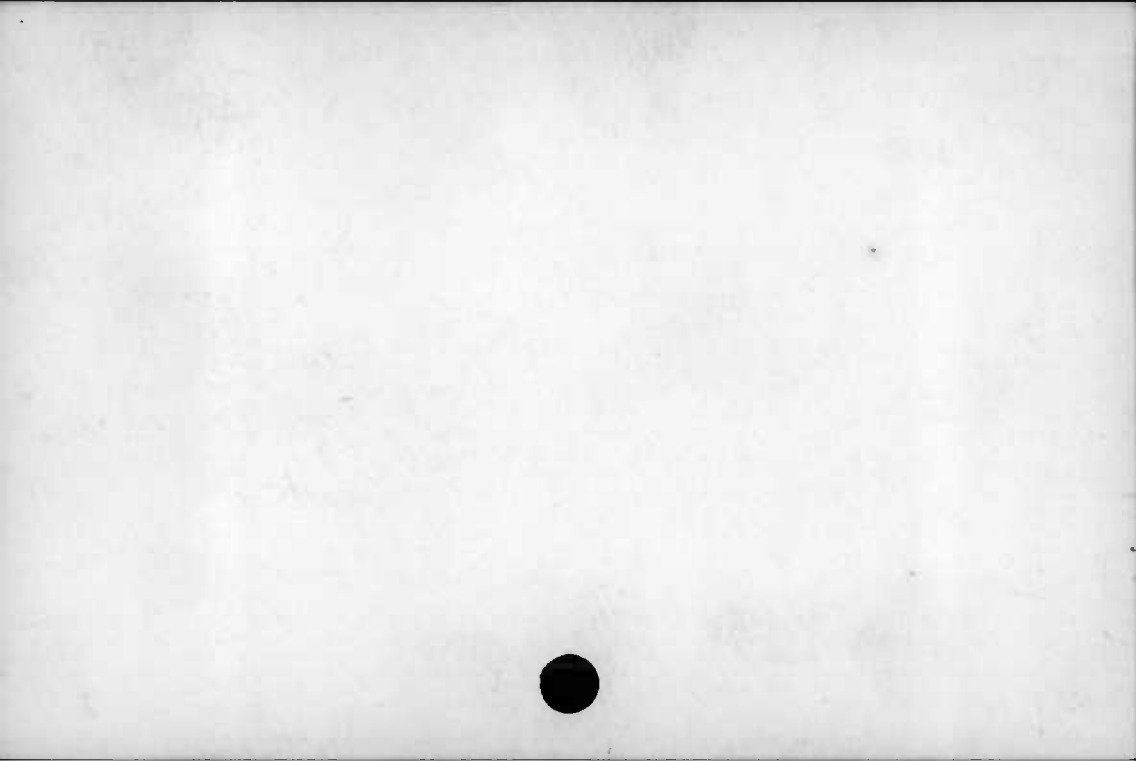
Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1907	Month	Aug	Day	29
Age	78	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Charles Co., Md
Occupation	Laborer	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Married		Dont know			
Father's Name	Dont know		Father's Birthplace	Dont know	
Mother's Maiden Name	"		Mother's Birthplace	"	
Name of person giving information	J. A. Adams		How related to deceased	Uncle	

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Senility	How long	Several months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis Md	
Accident or Suicide?			



Name  
in  
Full

Agnes E. Hornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

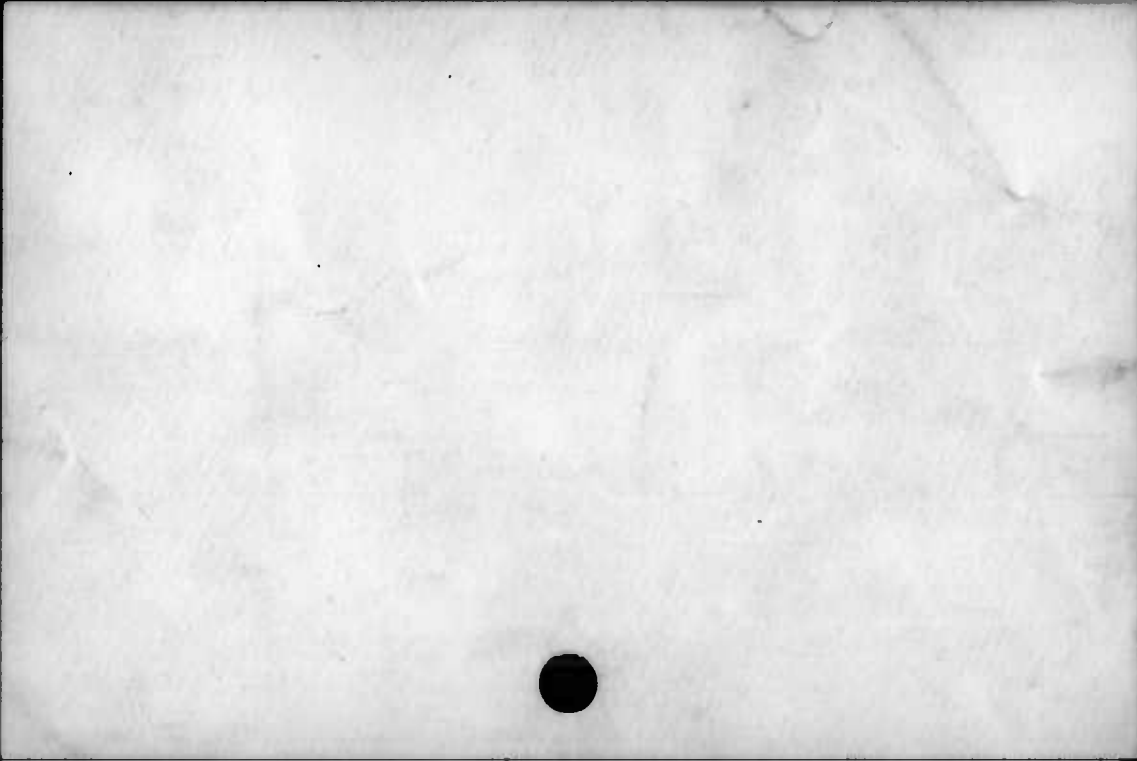
Died at <i>Annapolis Md</i>		County <i>A.A. Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>16</i>	Age <i>7</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>17 Galvest st</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John A. Hornish</i>	Father's Birthplace <i>Gumbarland Va</i>		Mother's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Gda. J. Pounder</i>	How related to deceased <i>Mother</i>		Name of person giving information <i>Gda. J. Hornish</i>		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>Several weeks</i>
Immediate <i>Inanition &amp; Asthenia</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Thompson M.D.</i>
	Address <i>Annapolis Md</i>
Accidental or Suicide? <i>—</i>	



Name  
in  
Full

Benj. M. C. Clelen Dawson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mayo</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1907	Month	Aug	Day	12
Sex	Male	Color or Race	White	Years	—
Occupation			Age	2	Months
			Birth-place	Mayo	Days
			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

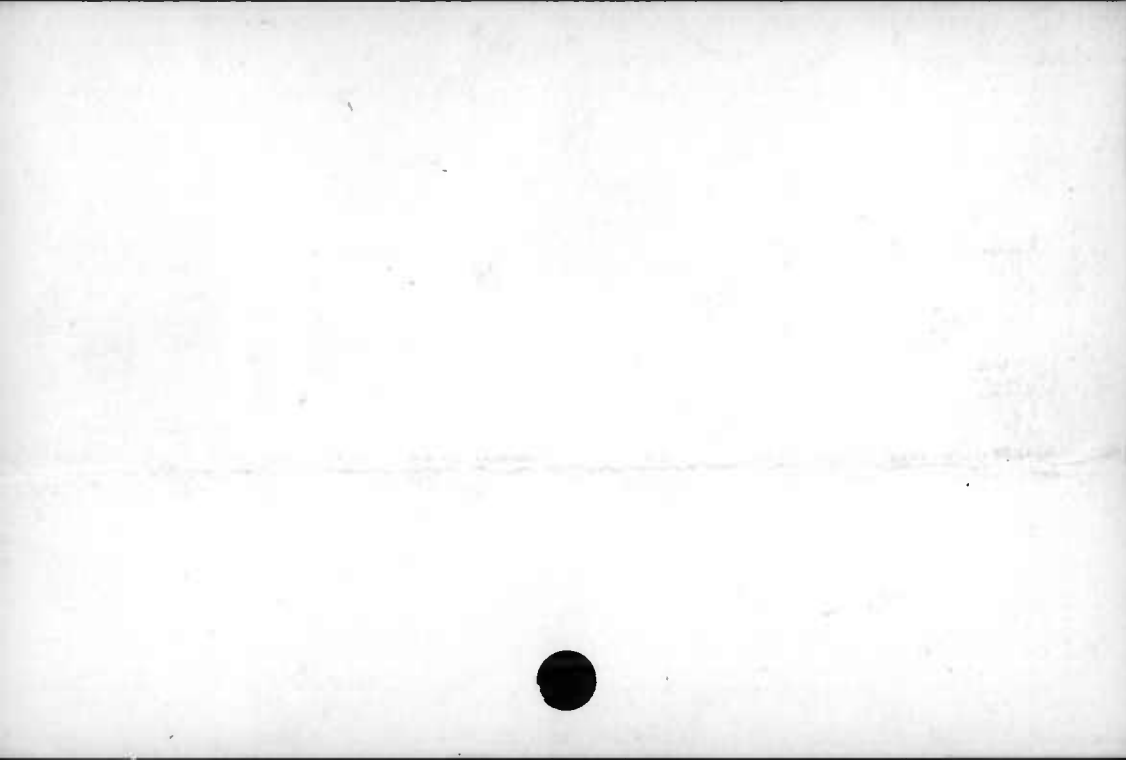
Primary	Diarrhoea	How long	1 week
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

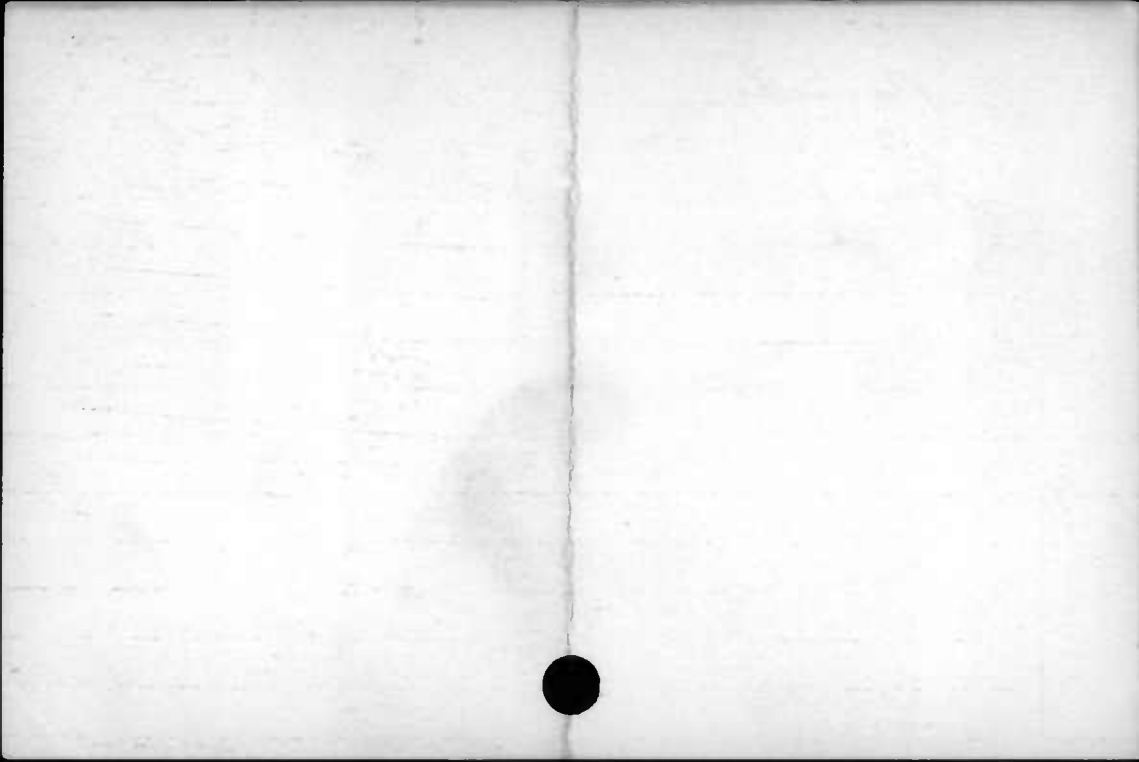
Signature of Physician

Address

Accident or Suicide?



Name in Full		Baby Dralle,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Eastport,		County Anne Arundel		MARYLAND		
	Date of death	1907	Month August	Day 24	Age	Still born	
	Sex	Male		Color or Race	white		
	Occupation	Infant		Where Residing if not at place of death	Eastport, Md.		
	Married, Single or Widowed	Single		Name of Wife or Husband	None		
	Father's Name	Wm. F. Dralle,		Father's Birthplace	Germany		
	Mother's Maiden Name	Emily Braun		Mother's Birthplace	Germany		
	Name of person giving information	Emily Braun		How related to deceased	Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still-born			How long	—	
	Immediate				How long	—	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Louis B. Decker	
	Accident or Suicide?		Neither		Address	Annapolis, Md.	





Name  
in  
Full

## CERTIFICATE OF DEATH

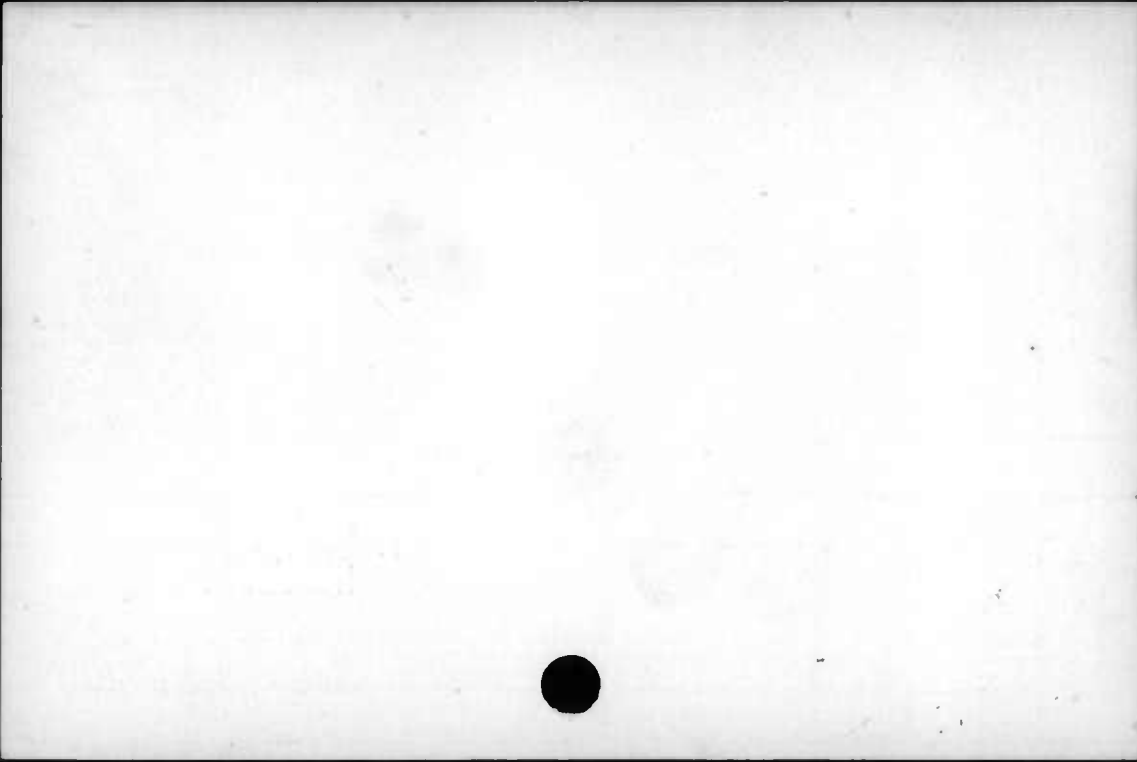
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brown</u> <sup>Town</sup>		<u>Fisher</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>7</u> <sup>Month</sup> <u>8</u> <sup>Day</sup> <u>27</u> <sup>Age</sup> <u>27</u> <sup>Years</sup> <u>0</u> <sup>Months</sup> <u>0</u> <sup>Days</sup>		Sex <u>Female</u> Color or Race <u>white</u> Birth-place <u>Ma</u>		Occupation <u>—</u> Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u> (S)		Father's Birthplace <u>Ma</u>	
Father's Name <u>Jas. W. Fisher</u>		Mother's Maiden Name <u>Natie A. Naslett</u>		Mother's Birthplace <u>Ma</u>	
Name of person giving information <u>Jas W. Fisher</u>		How related to deceased <u>father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Born</u> (S)	How long
Immediate <u>Placenta Previa -</u> (S)	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas A Brooke</u>
	Address <u>Brown</u>
Accident or Suicide?	



Name  
in  
Full

Robert Ford.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis		<sup>County</sup> A. A. Co.		MARYLAND	
Date of death	1907	Month	Aug	Day	17
Age	Years		Months		Days
Sex	Male		Color or Race	Colord.	
Birth place	Annapolis Md				
Occupation	unknown		Where Residing if not at place of death	Sage Bottom	
Married, Single or Widowed	Single		Name of Wife or Husband	unknown	
Father's Name	William Ford.			Father's Birthplace	West River
Mother's Maiden Name	Mary Ford.			Mother's Birthplace	West River
Name of person giving information	Mary Ford.			How related to deceased	Mother

## CAUSES OF DEATH

Primary	Heart failure	(179)	How long	10 hrs.
Immediate			How long	

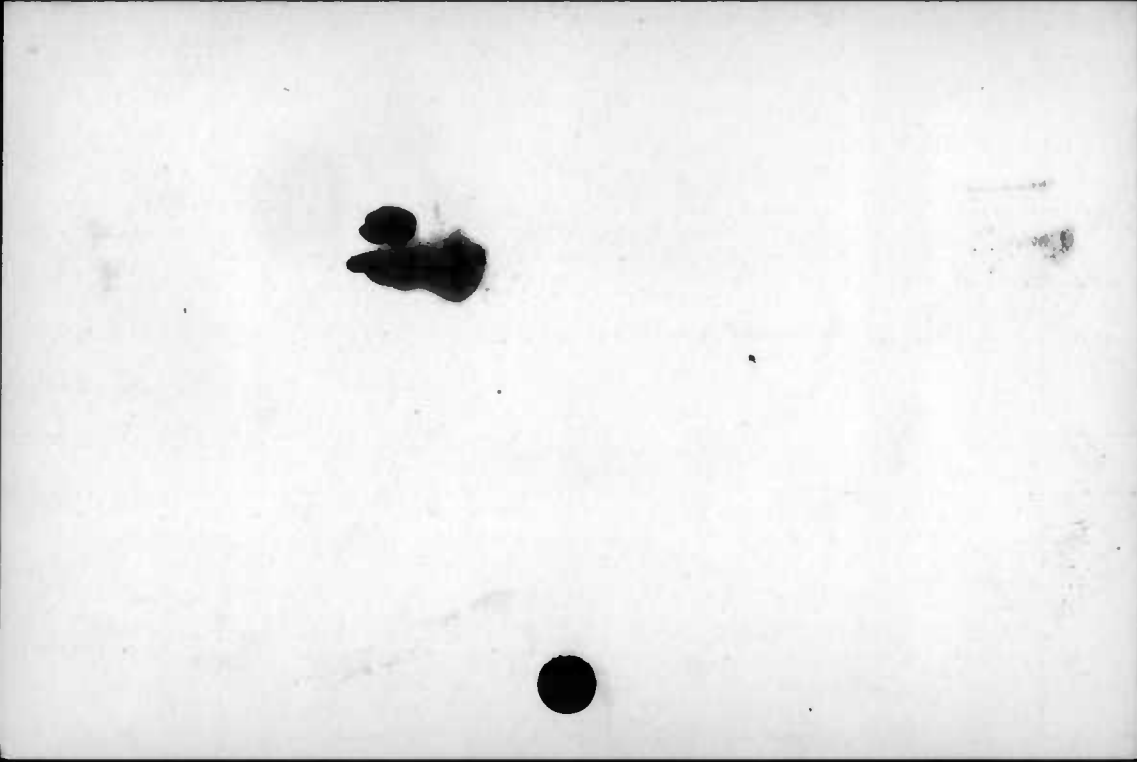
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Mays:  
Birmingham

Accident or Suicide?



Name  
in  
Full

Still born Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>A. A.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>—</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>John Green</i>			(S)		Father's Birthplace <i>A. A. B. Md</i>		
Mother's Maiden Name <i>Margaret Berry</i>					Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>John Green</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	(S)	How long <i>—</i>
Immediate <i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>	Address <i>Health Officer, Annapolis</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Poland Cross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

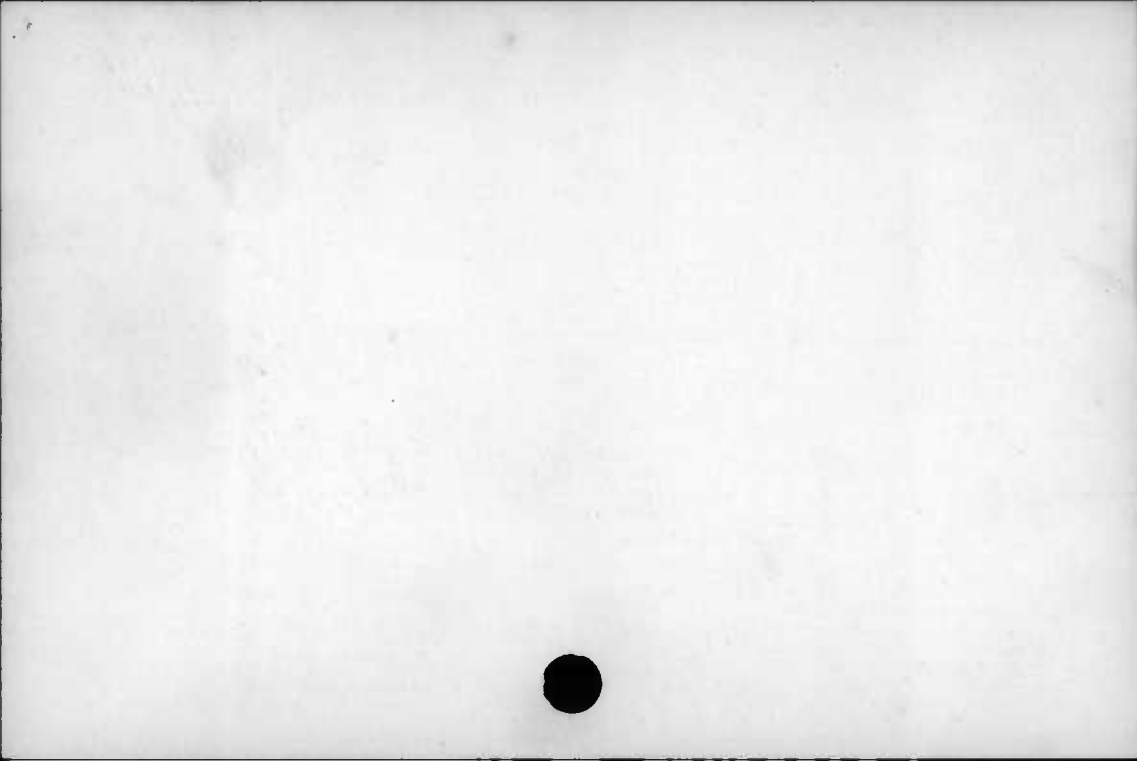
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Aug.	21 <sup>st</sup>	Age 4	7		
Sex	Male	Color or Race	Colored	Birth-place	A. A. Co.		
Occupation	Cane		Where Residing if not at place of death		Eastport.		
Married, Single or Widowed	Single		Name of Wife or Husband		Cane.		
Father's Name	Beyrinni, Cross		Father's Birthplace		A. A. Co.		
Mother's Maiden Name	Francis. Boone		Mother's Birthplace		A. A. Co.		
Name of person giving information	Francis. Cross		How related to deceased		Mother		

## CAUSES OF DEATH

119

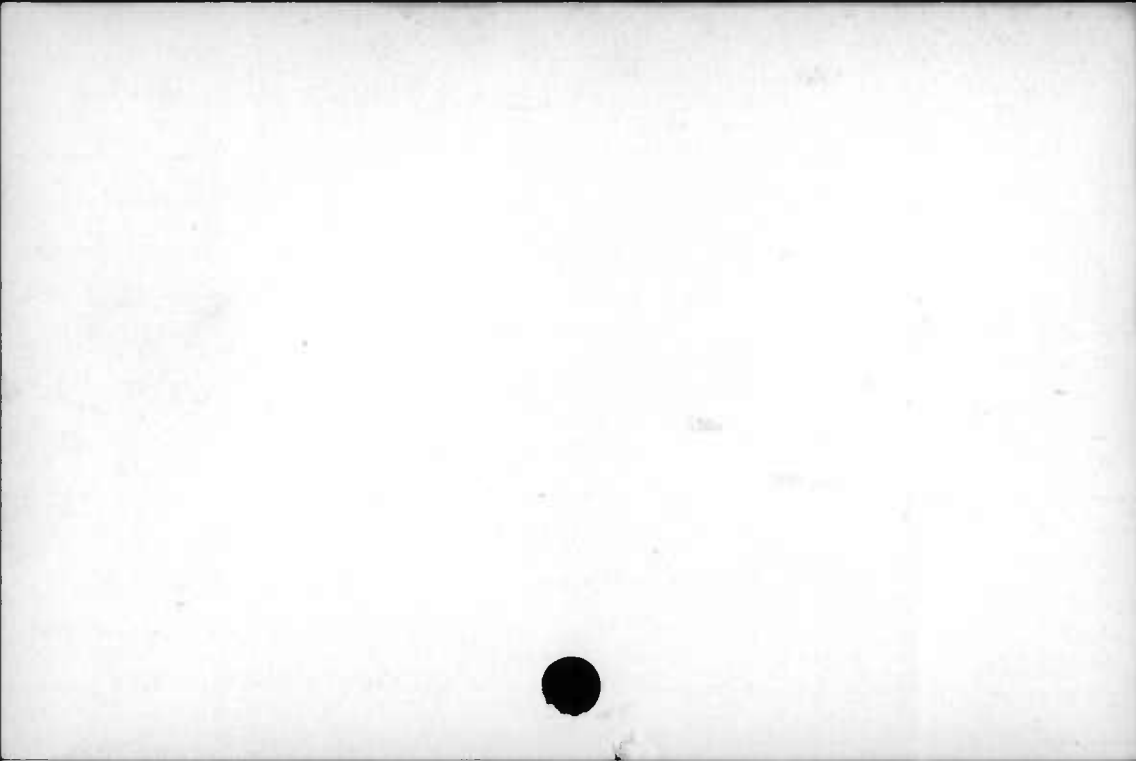
PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	Two months
Immediate	Asthma	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ridout
		Address	Amphol
Accident or Suicide?			No





Name in Full		Lorevia Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	West River		Anne Arundel		MARYLAND	
	Date of death	1907	Month Aug	Day 29	Age 1	Months 1	Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death		Maryland	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	John Hall		Father's Birthplace		Maryland	
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary Y. Razier		Mother's Birthplace		A. A. Co.	
	Name of person giving information			How related to deceased		Brother	
	CAUSES OF DEATH				105		
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	
	Immediate	Convulsions				1 week	
	Are the name, age, sex, color, date and place correctly given above?				How long		
	Yes				4 hours		
PHYSICIAN OR CORONER	Signature of Physician				John Collinson		
	Address				South River Md.		
Accident or Suicide?							



Name  
in  
Full

Virginia Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

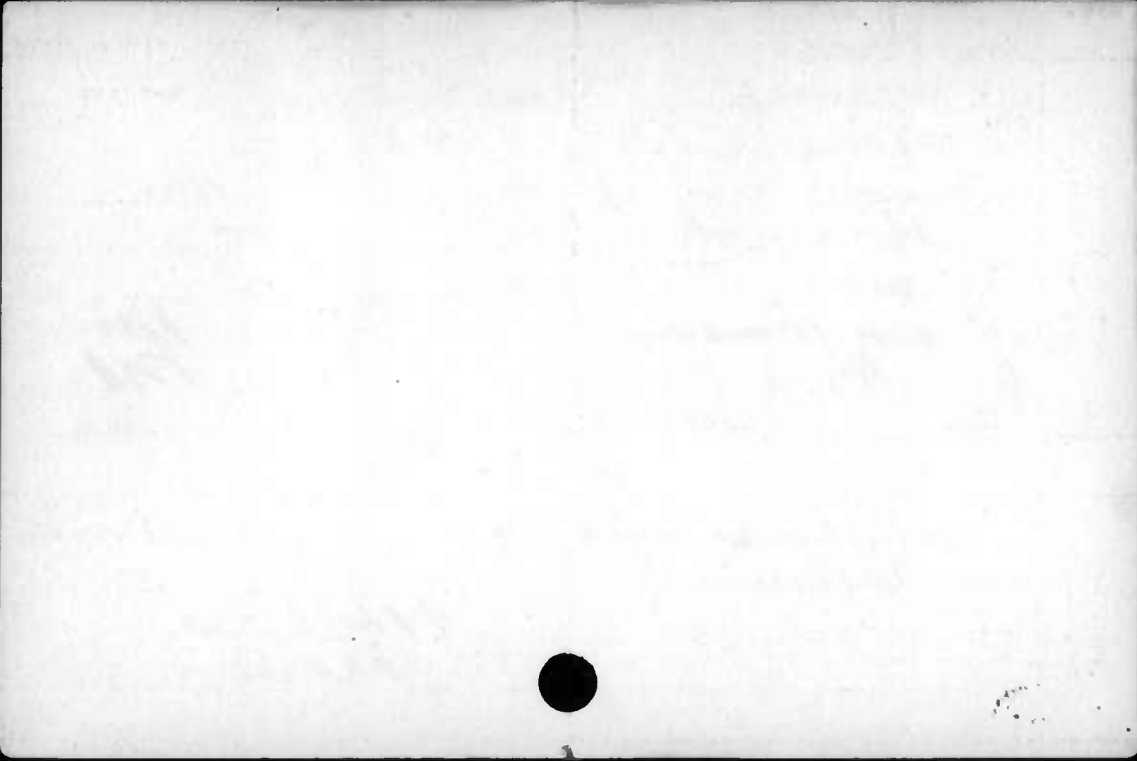
Died at <i>Glensburne</i> Town		<i>Anne</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>August</i>	Day	<i>29</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Age	<i>9</i>
Occupation	<i>None</i>	Where Residing if not at place of death		Birthplace	<i>Anne Arundel Co Md</i>
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Hiram Hammond</i>			Father's Birthplace	<i>Anne Arundel Co Md</i>
Mother's Maiden Name	<i>Harriet Queen</i>			Mother's Birthplace	<i>Anne Arundel Co Md</i>
Name of person giving information	<i>Joseph Carroll</i>			How related to deceased	<i>Friend</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C R Winkler</i>
		Address	<i>Hanover Md</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Greensock* Town*Anne Arundel* CountyDate of death *1907 Aug.*Day *21*

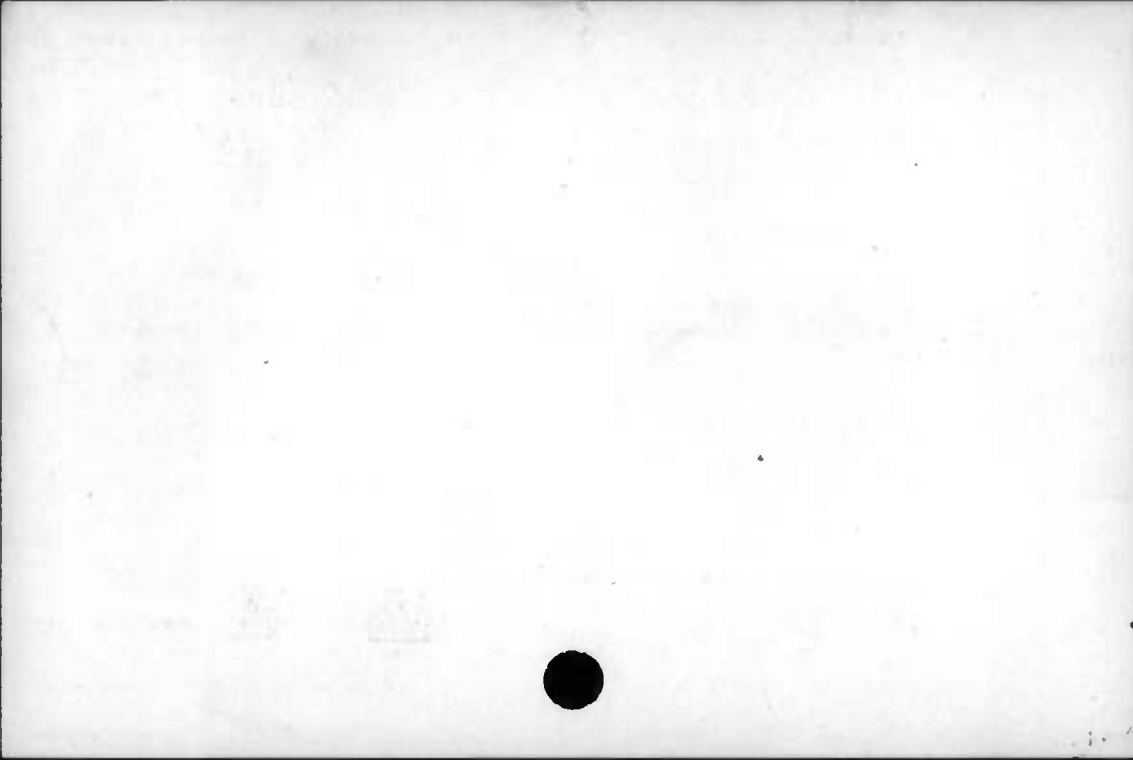
Age

Years *42*Months *—*Days *—*Sex *Female*Color or  
Race *Black*Birth-  
place *Md.*Occupation *Housework*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Joseph Hall*Father's  
Name *Sam Henson*Father's  
Birthplace *Md.*Mother's  
Maiden Name *Maria Hall*Mother's  
Birthplace *Md.*Name of person giving  
Information *Spencer Easton*How related  
to deceased *Friend*

## CAUSES OF DEATH

Primary *Interstitial nephritis*How long *Several months*Immediate *Asthma*How long *—*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *A. H. Perrie*Address *211 Kent St., Md.*

Accident or Suicide?



Name  
in  
Full

Paul Himmelhuber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

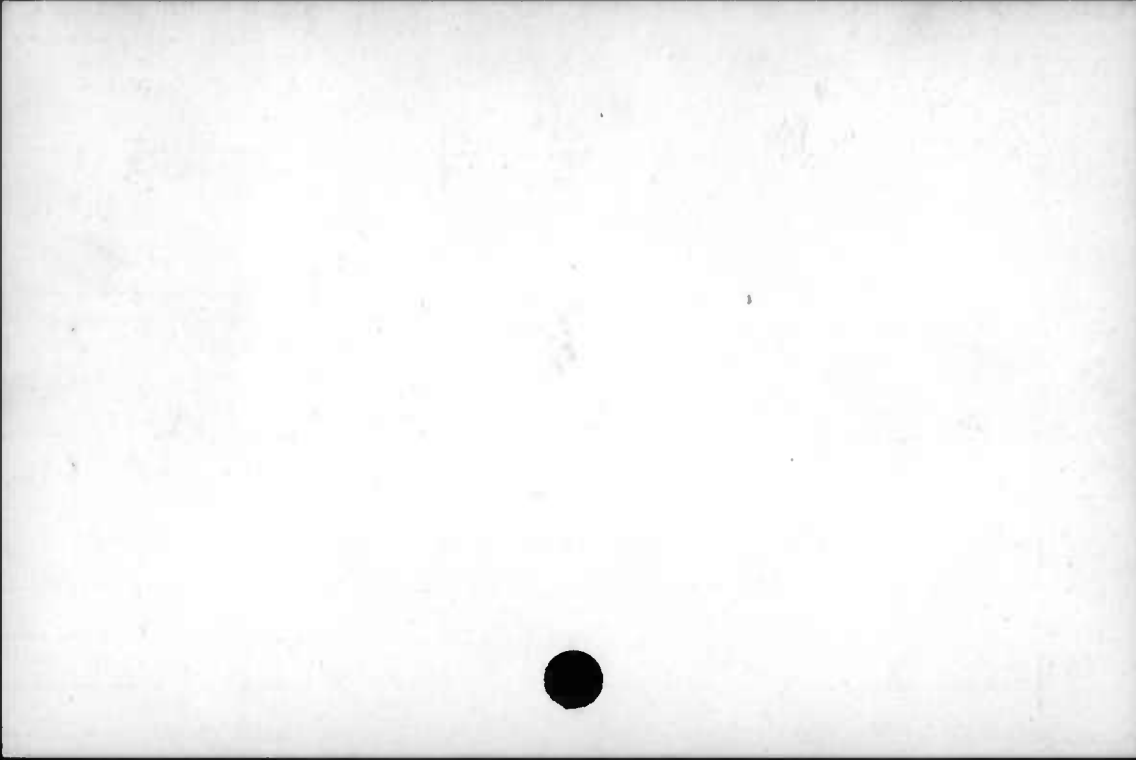
Died at <u>East Port</u> <sup>Town</sup>		County <u>a a Co.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>4</u>	Age <u>1</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>East Port</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Chas. Himmelhuber</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Ruth Gatter</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Chas Himmelhuber</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

105

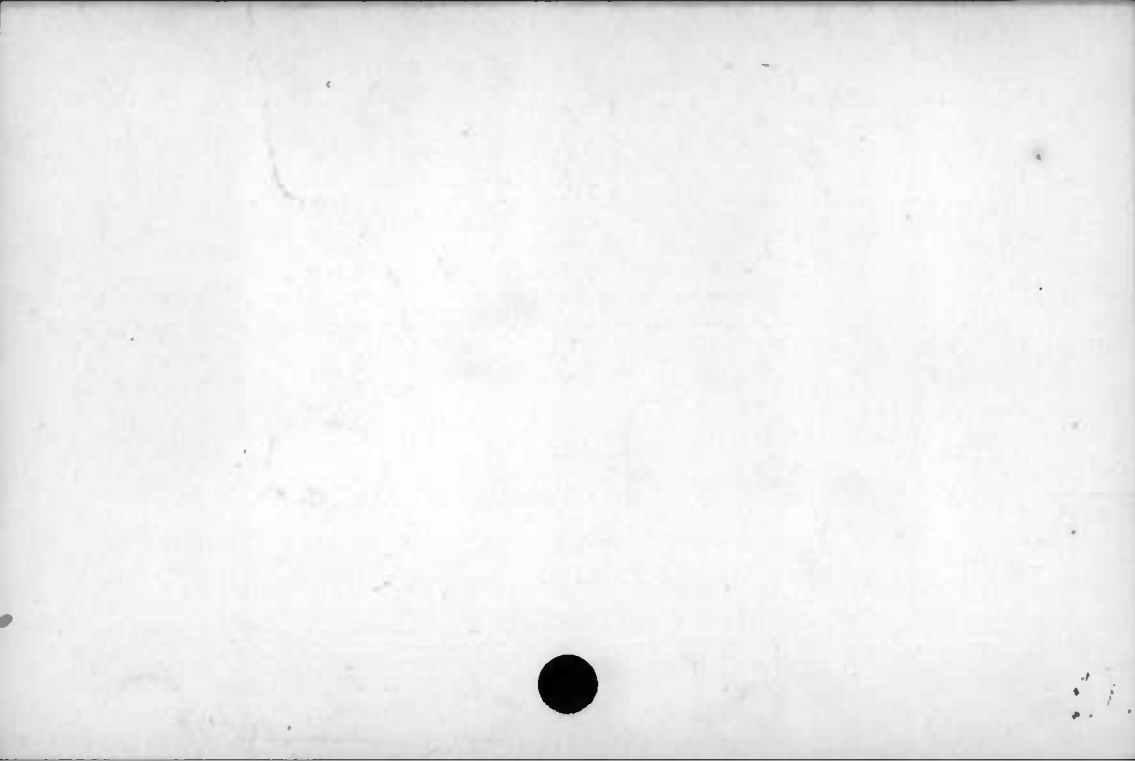
PHYSICIAN  
OR CORONER

Primary <u>Cholera Infectum</u>	How long <u>Two days</u>
Immediate <u>Exhaustion</u>	How long <u>One day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. Wells</u>
<u>yes</u>	Address <u>Amoy St. East</u>
Accident or Suicide? <u>no</u>	





Name in Full		Alexander Hogan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Marley P.O. 32d dist.		Anne Arundel		MARYLAND	
	Date of death	1907	Month Aug.	Day 31	Age 28	Months 11	Days 9
	Sex	Male		Color or Race	Colored		
	Birth-place	Louisiana					
	Occupation	Farmland			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband Charlotte Hogan			
	Father's Name	Jersey Hogan			Father's Birthplace Louisiana		
Mother's Maiden Name	Arenia Davis			Mother's Birthplace A.A. Co. Md			
Name of person giving information	Charlotte Hogan			How related to deceased Wife			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long Six months	
	Immediate	Tubercular Diphtheria				How long Ten days	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			James S. Billingsha M.D.			
Address			Armiger				
Accident or Suicide?			No				
			Md				



Name  
in  
Full

Phillip Bailey Jennings

CERTIFICATE OF DEATH

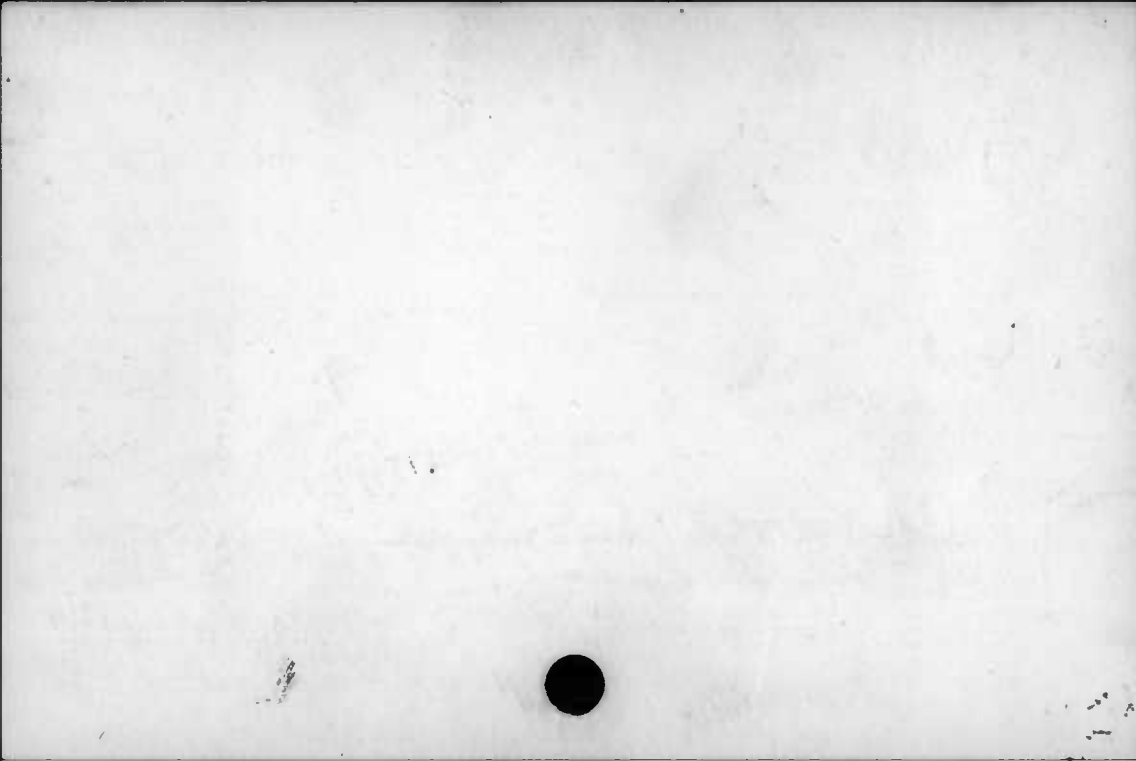
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A - A - Co.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug.</i>		Day <i>8</i>		Age <i>8</i>	
Sex <i>Male</i>		Color or Race <i>Colord.</i>		Birth-place <i>Annapolis</i>			
Occupation <i>unknown.</i>		Where Residing if not at place of death <i>149. South St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown.</i>					
Father's Name <i>James Jennings</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Elizabeth Bailey</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Elizabeth Bailey</i>		How related to deceased <i>Mother</i>					

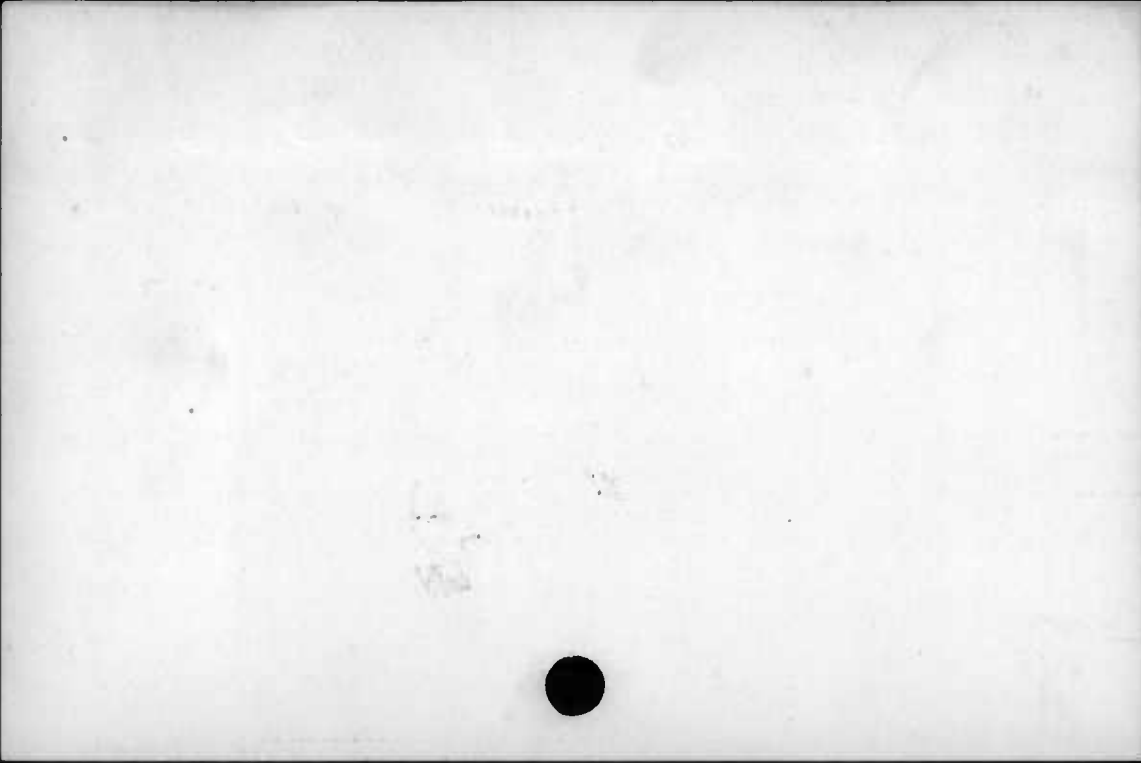
CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Ridout</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

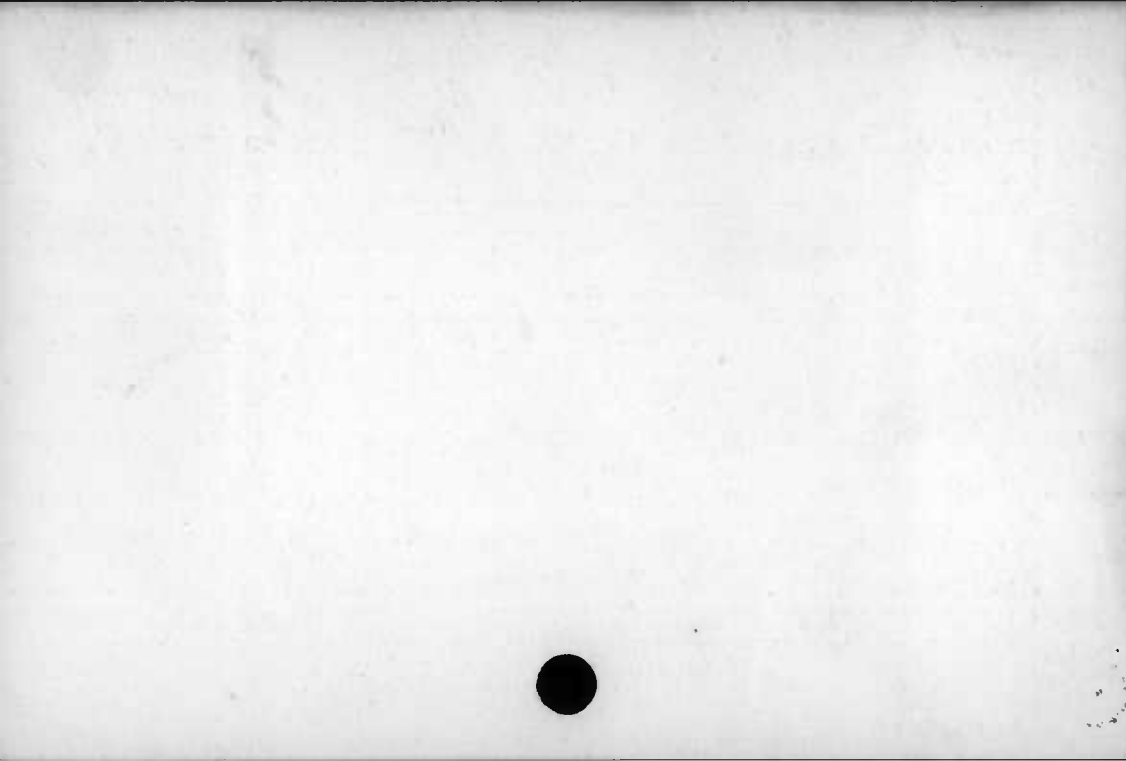


Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Portis Bay</i> Town		County <i>A. A.</i>	
		Date of death <i>1907</i> Month <i>Aug</i> Day <i>3</i>		Age <i>1</i> Years Months <i>7</i> Days <i>—</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Birth-place <i>Portis Bay</i>			
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>Joseph Jiricek</i>		Father's Birthplace <i>Bohemia</i>	
Mother's Maiden Name <i>Marie Modreska</i>		Mother's Birthplace <i>Bohemia</i>			
Name of person giving information <i>Joseph Jiricek</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Enteric Colitis</i>		How long <i>2 weeks</i>	
		Immediate <i>Convulsions</i>		How long <i>4 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Norton M.D.</i>	
				Address <i>So. Patto. Md</i>	
		Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Amma <sup>1</sup> polis		a. a.		County		60--		
		Date of death		1907	Month	Aug.	Day	5-	Age	Years	Months	Days
		Sex		Female		Color or Race		Colord.		Birth-place		Amma <sup>1</sup> polis
		Occupation		unknown.		Where Residing if not at place of death		42. Second Street				
		Married, Single or Widowed		Single		Name of Wife or Husband		unknown				
		Father's Name		Samuel Johns				Father's Birthplace		West River		
		Mother's Maiden Name		Mary West-				Mother's Birthplace		South River		
Name of person giving information		Samuel Johns.				How related to deceased		Father				
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		Cholera <sup>1</sup> infantum				How long		two days		
		Immediate		convulsions				How long		24 hrs.		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. P. Keese				
		Accident or Suicide?				Address		60 Cathedral St Amma <sup>1</sup> polis m. d.				

105





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fairfield</i>		Town <i>a.d. Co.</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>aug</i>	Day <i>11</i>	Age	<i>58</i>	Months	Days
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	
Occupation	<i>Farmer</i>			Where Residing if not at place of death			<i>Fairfield ar</i>
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Mary E. King</i>			
Father's Name	<i>William King</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Mary A. King</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Jas E. King</i>					How related to deceased	<i>Son</i>

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

(66)

Primary

*General Paralysis*

How long

*2 WEEKS*

Immediate

*Heart Failure*

How long

*Immediate*

Are the name, age, sex, color, date and place correctly given above?

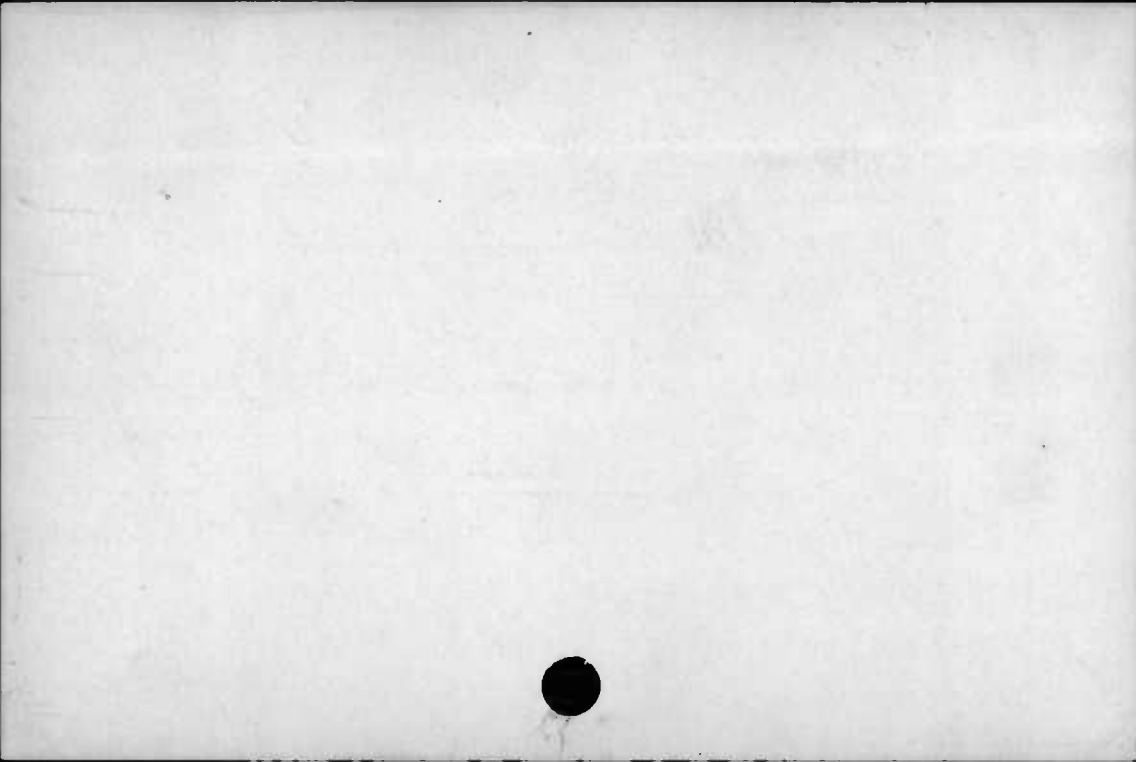
*Yes*

Signature of Physician

Address

*J. B. Norton M.D.*  
*E. B. Alto - Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Annie Koglorowski

Died at Brooklyn Town an County

MARYLAND

Date of death 1907 8 Month 16 Day 7 Age 10 Years 10 Months  DaysSex Female Color or Race white Birth-place inOccupation  Where Residing if not at place of death Married, Single or Widowed Single Name of Wife or Husband Father's Name Antony KoglorowskiFather's Birthplace Pol.Mother's Maiden Name HelenaMother's Birthplace Pol.Name of person giving information MotherHow related to deceased 

## CAUSES OF DEATH

105

Primary Enteric ColicHow long 3 wksImmediate How long 

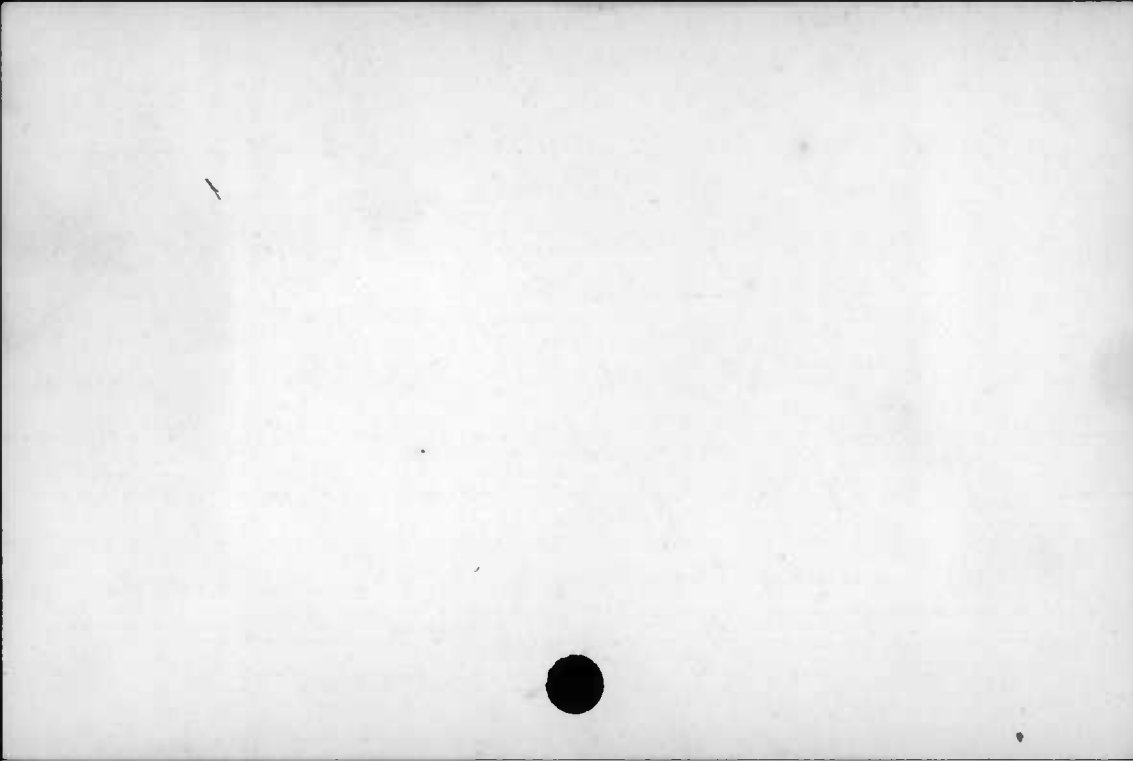
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Charles B. BrownAddress 

Accident or Suicide?



Name in Full		E. Ethel M. Lamb.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Hermantown,		ct. ct.		Co.		
	Date of death		Month	Day	Years	Months	Days
	1907 Aug.		1.	1.	1.	1.	1.
	Sex	females.		Color or Race	White.		Birth-place
	Occupation	None.		Where Residing if not at place of death		Hermantown.	
	Married, Single or Widowed	single.		Name of Wife or Husband		None.	
	Father's Name	William E. Lamb.				Father's Birthplace	Chimapholis.
Mother's Maiden Name	Carrie V. Burke.				Mother's Birthplace	ct. ct. Co.	
Name of person giving information	Carrie V. Lamb.				How related to deceased	Mother.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">92</div>							
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia				How long	3 weeks
	Immediate	Inanition				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Louis B. Henkel Jr.	
					Address	Chimapholis, Md.	
Accident or Suicide?		Neither					



Name

in  
Full

Unknown - going by nickname of "Lambtoquater"

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

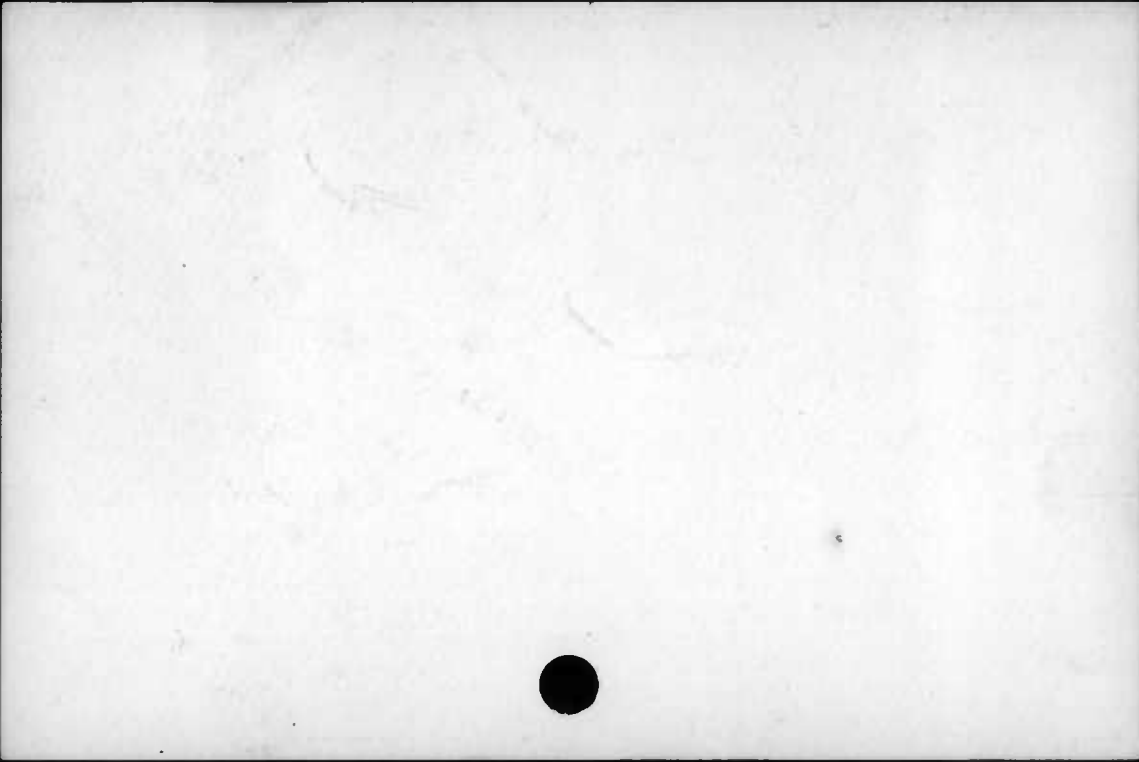
Died at <i>Mouth of Stoney Creek</i>		Town <i>Stoney Creek</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug.</i>	Day	<i>11</i>	Age	<i>About 22</i>
Sex	<i>Male -</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Unknown</i>
Occupation	<i>Farmer hand -</i>			Where Residing if not at place of death		<i>Washington D.C.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Unknown -</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>J. J. Jackson</i>					How related to deceased	<i>Employer</i>

## CAUSES OF DEATH

172

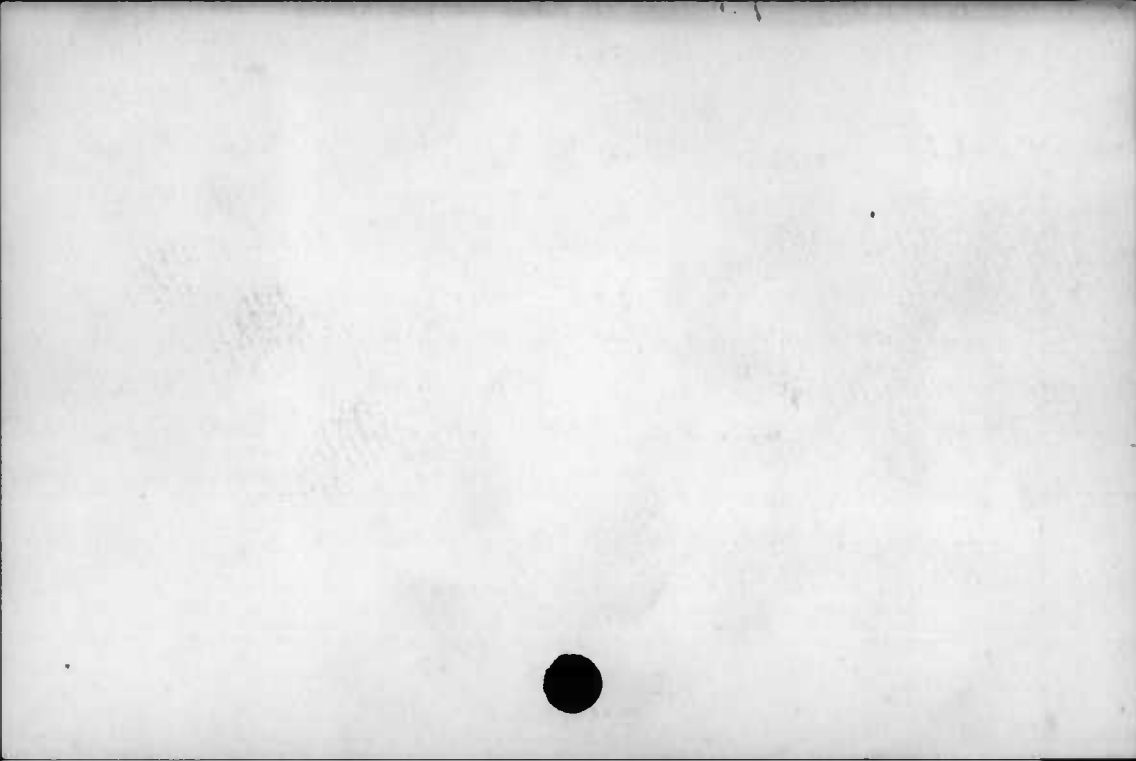
PHYSICIAN  
OR CORONER

Primary	<i>Accidental Drowning -</i>		How long	<i>Immediate</i>
Immediate	<i>Accidental Drowning -</i>		<i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>		Signature of Physician	<i>James S. Billingsley M.D.</i>
			Address	<i>Armiger</i>
Accident or Suicide?	<i>Accident.</i>		<i>MA.</i>	





Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>				<i>Anne</i>		MARYLAND			
		Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>3</i>	Age <i>4</i>		Years	Months <i>4</i>	Days <i>9</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Black		Place <i>Annapolis</i>			
		Occupation <i>None</i>		Where Residing if not at place of death <i>Annapolis</i>							
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
		Father's Name <i>Antonio Macaluso</i>				Father's Birthplace <i>Italy</i>					
		Mother's Maiden Name <i>Josephina Borra</i>				Mother's Birthplace <i>Italy</i>					
		Name of person giving information <i>Antonio Macaluso</i>				How related to deceased <i>Father</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Shr Colitis</i>				How long <i>about 3 weeks</i>					
		Immediate <i>" "</i>				How long					
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>John P. Pinner</i>					
						Address <i>Annapolis Md</i>					
		Accident or Suicide? <i>No</i>									



Name  
in  
Full

Robert C. Martini

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

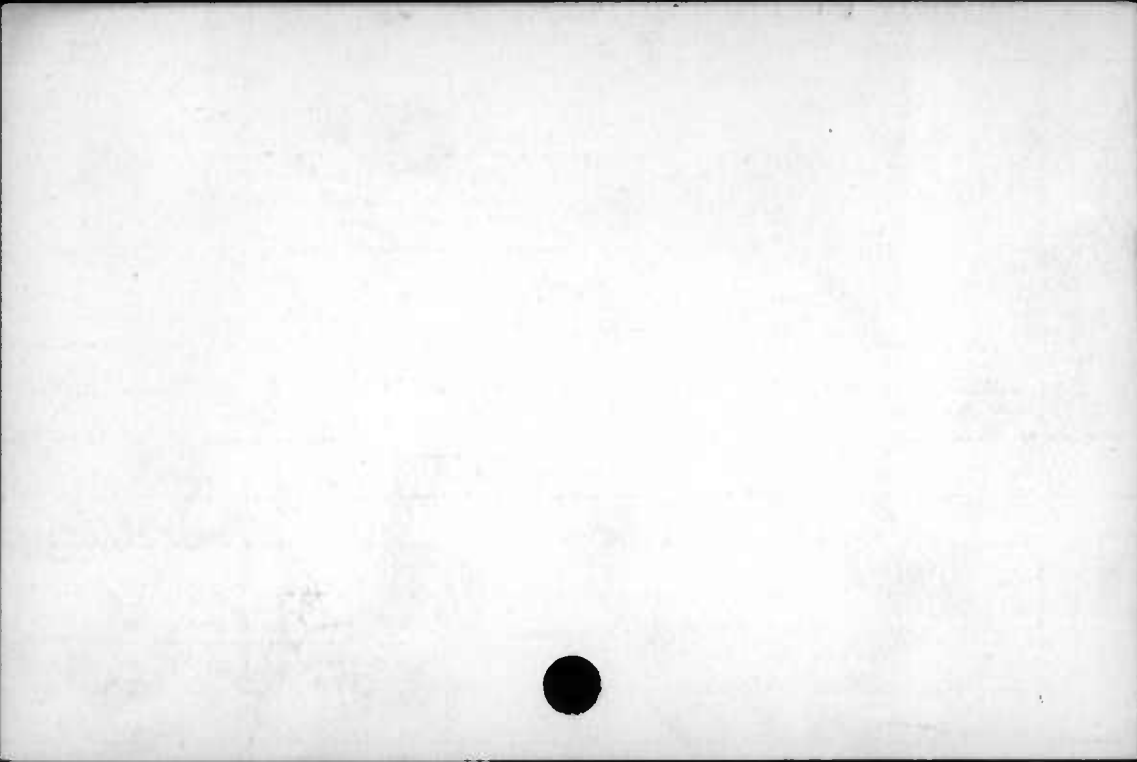
Died at <i>Burtis Bay</i>		Town <i>Bay</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>8</i>	Day	<i>28</i>	Years	<i>36</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Baltimore Md.</i>
Occupation	<i>Bricklayer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Unknown</i>				
Father's Name	<i>Thos F. Martini</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Ida A. Whitlock</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Father</i>					How related to deceased	

CAUSES OF DEATH

**166**

PHYSICIAN  
OR CORONER

Primary	<i>Run over by B &amp; O cars -</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John H. Davis</i>
		Address	<i>annapolis md</i>
Accident or Suicide?			<i>accident coroner</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

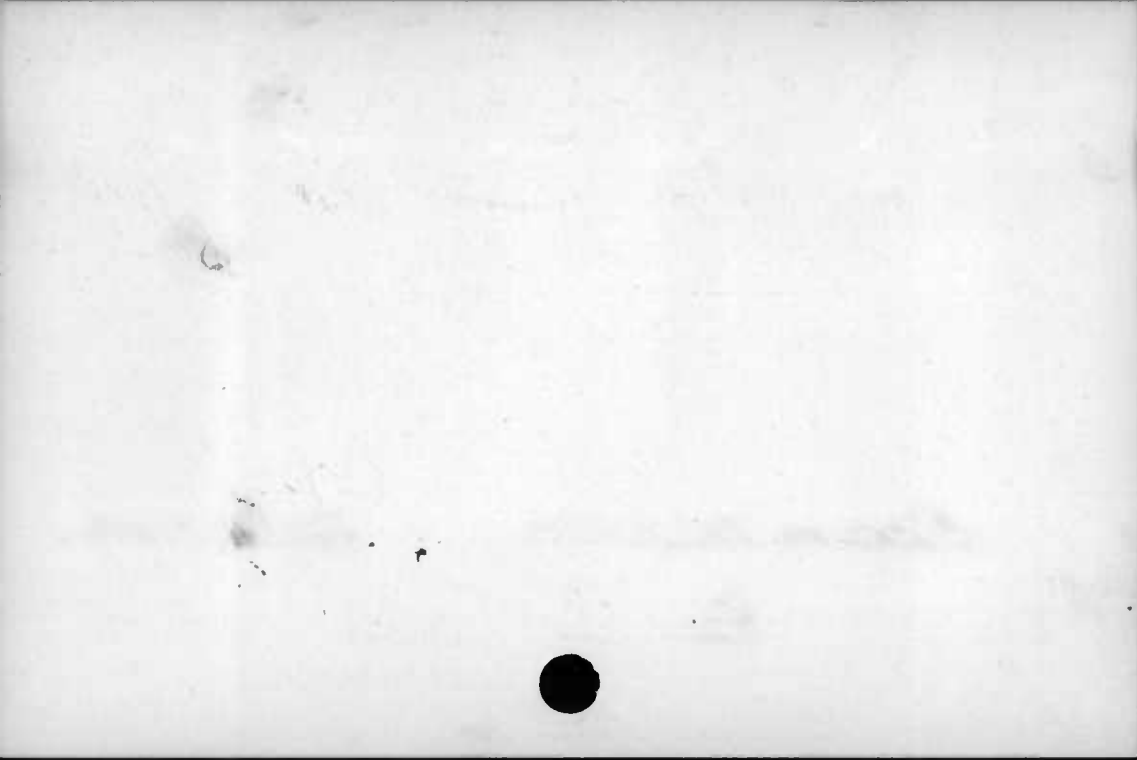
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Antone Mihalski</i>		Town <i>Antis Bay</i>		County <i>S. A.</i>		MARYLAND	
Died at <i>Antis Bay</i>		Month <i>aug</i>		Day <i>30</i>		Age <i>1</i> Years <i>1</i> Months <i>1</i> Days	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Antis Bay</i>	
Occupation <i>L</i>				Where Residing if not at place of death <i>L</i>			
Married, Single or Widowed <i>L</i>				Name of Wife or Husband <i>(S)</i>			
Father's Name <i>Antone Mihalski</i>				Father's Birthplace <i>Poland</i>			
Mother's Maiden Name <i>Lucy Novakowski</i>				Mother's Birthplace <i>M. C.</i>			
Name of person giving information <i>Antone Mihalski</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>		<i>(S)</i> How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. B. Horton M.D.</i>	
		Address <i>S. Batts. Md.</i>	
Accident or Suicide?			



Name

in  
Full

Cornelius Clyde Morgan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

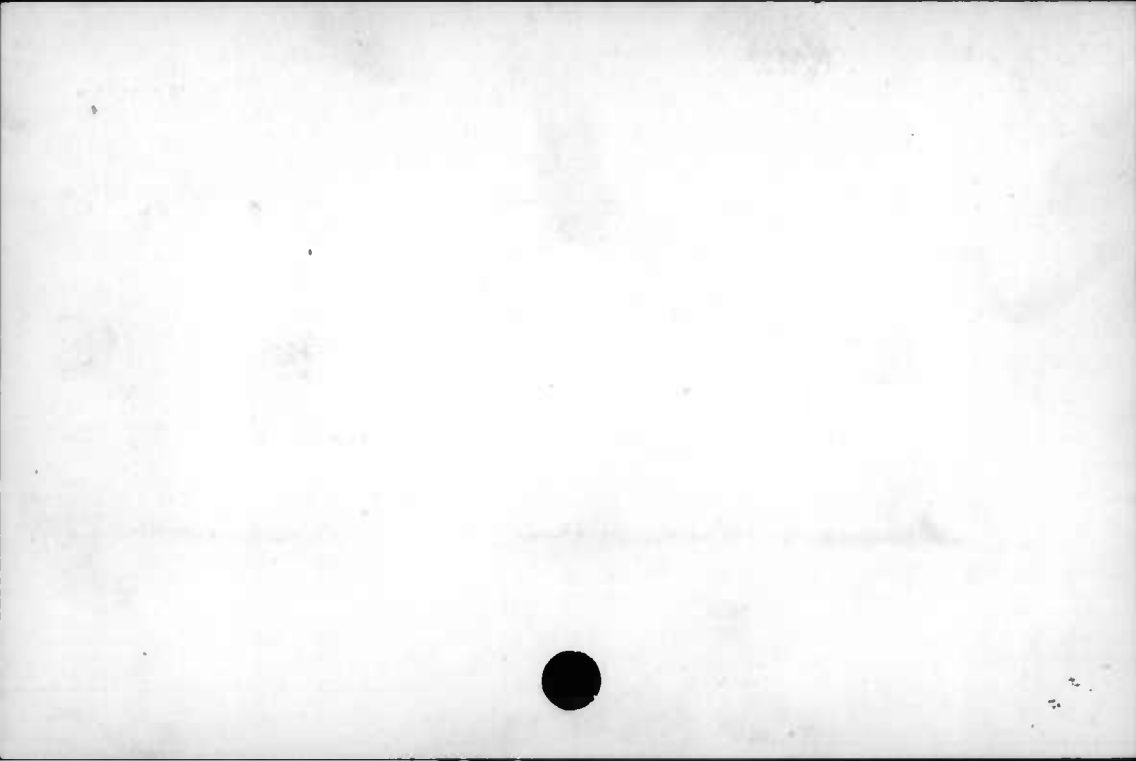
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	August	Day	31 <sup>st</sup>
Age	Nine		Months	25 <sup>th</sup>	
Sex	Male		Color or Race	White	
Birth-place	Annapolis Md				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Roy L. Morgan			Father's Birthplace	Annapolis, Md
Mother's Maiden Name	Garnet Porter			Mother's Birthplace	Annapolis, Md
Name of person giving information	Jas C. Porter Sr.			How related to deceased	Grand father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Shr Colitis</i>	How long	<i>About 8 Wks</i>
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Oliver Furman</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?	<i>No</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Helen Nehlinger*  
Town *Atlantic Ocean* County

MARYLAND

Died at *Atlantic Ocean*  
Date of death *1907 August 10* Age *—* Years Months *2* Days *3*Sex *—* Color or Race *White* Birth-place *Rhode Island*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Jacob Nehlinger* Father's Birthplace *Europe*Mother's Maiden Name *Helmina Fritz* Mother's Birthplace *—*Name of person giving information *Jacob Nehlinger* How related to deceased *Father*

## CAUSES OF DEATH

(150)

Primary *Spina Bifida* How long *From Birth*Immediate *—* How long *—*

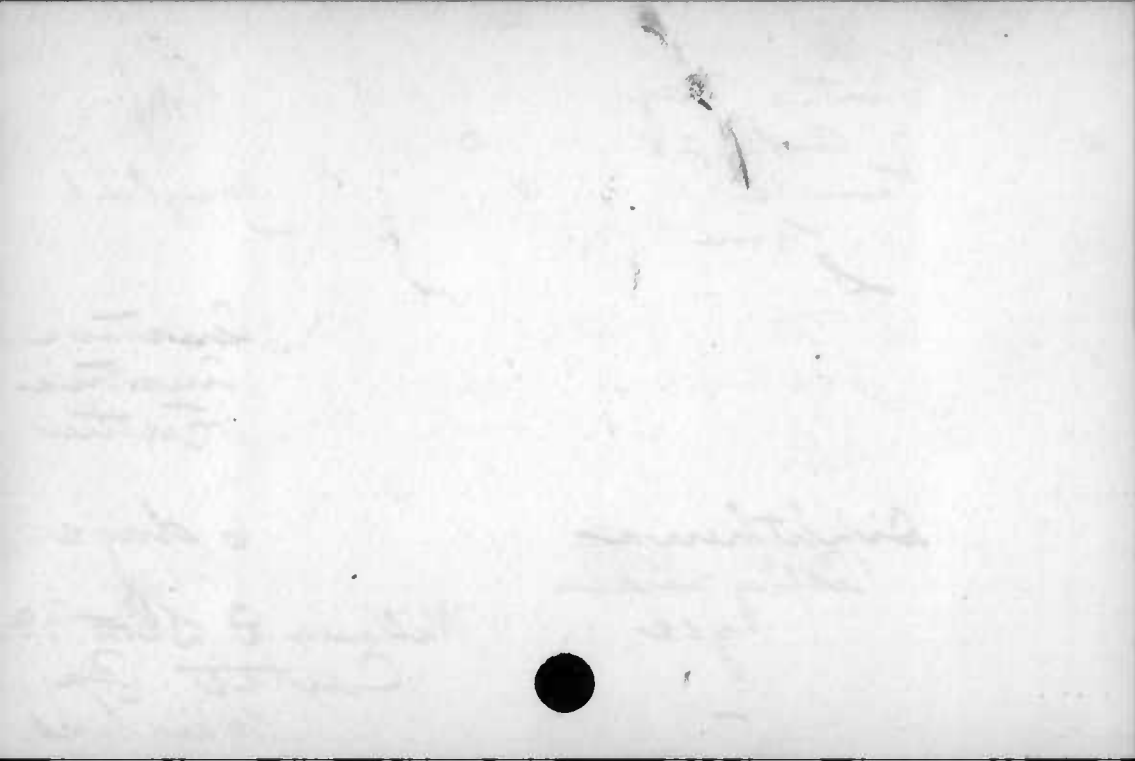
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Emmanuel Croner*Address *South Balto Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

(1)



Name  
in  
Full

Lizzie Hemec

## CERTIFICATE OF DEATH

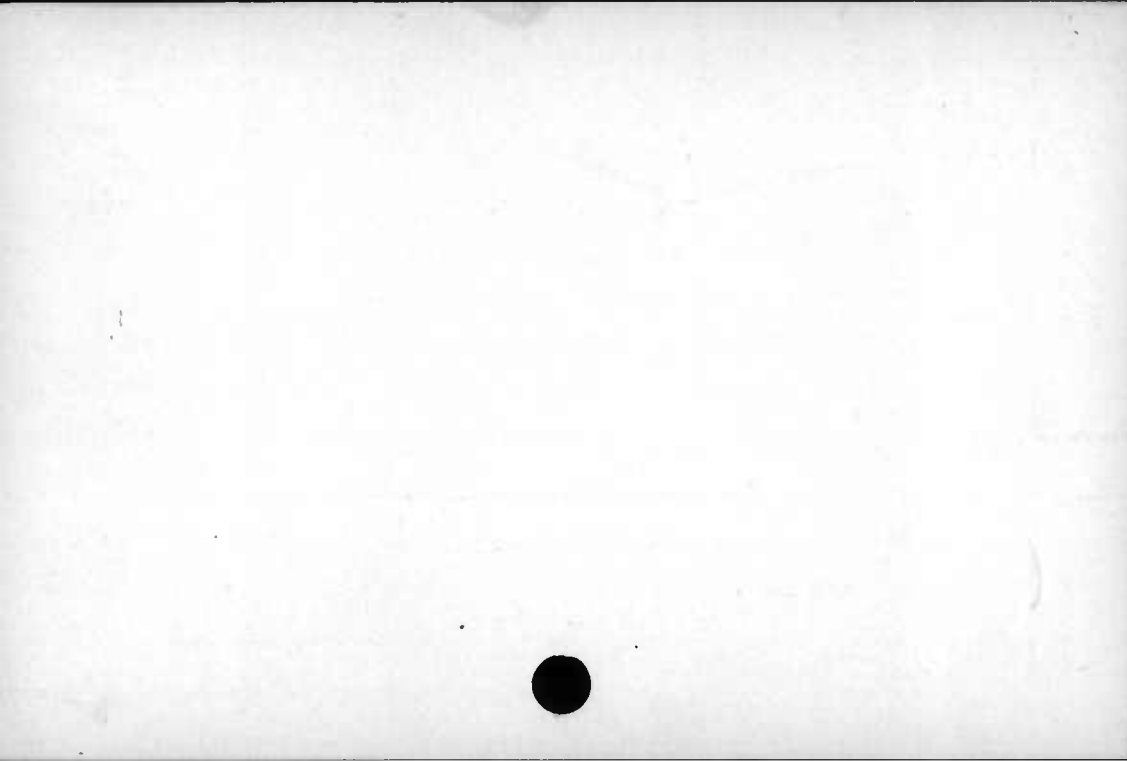
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Curtis Bay		County C.A.		MARYLAND	
Date of death		1907	Month Aug	Day 28	Age Years 3	Months —	Days —
Sex Female		Color or Race W		Birth- place Maryland			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed S.		Name of Wife or Husband					
Father's Name Anton Hemec				Father's Birthplace Austria			
Mother's Maiden Name Franciska Lepersa				Mother's Birthplace Austria			
Name of person giving Information				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER  
①

Primary	Diphtheria	⑨	How long	6 days
Immediate	Asphyxia		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician William O. Scott M.D.	
			Address Curtis Bay, Maryland.	
Accident or Suicide? —				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND.

Name in Full <i>Leonia Offer</i>		Town <i>Churchton</i>		County <i>U A</i>		State <i>MARYLAND</i>	
Died at <i>Churchton</i>		Month <i>Aug.</i>		Day <i>15</i>		Age <i>8</i>	
Date of death <i>1907</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Ind</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>U. S.</i>					
Mother's Maiden Name <i>Carrie Offer</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Dick Offer</i>		How related to deceased <i>Grandfather</i>					

## CAUSES OF DEATH

Primary <i>Enteric Colitis</i>	How long <i>10 days</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>

Are the name, age, sex, color, date and place correctly given above?

*yes*

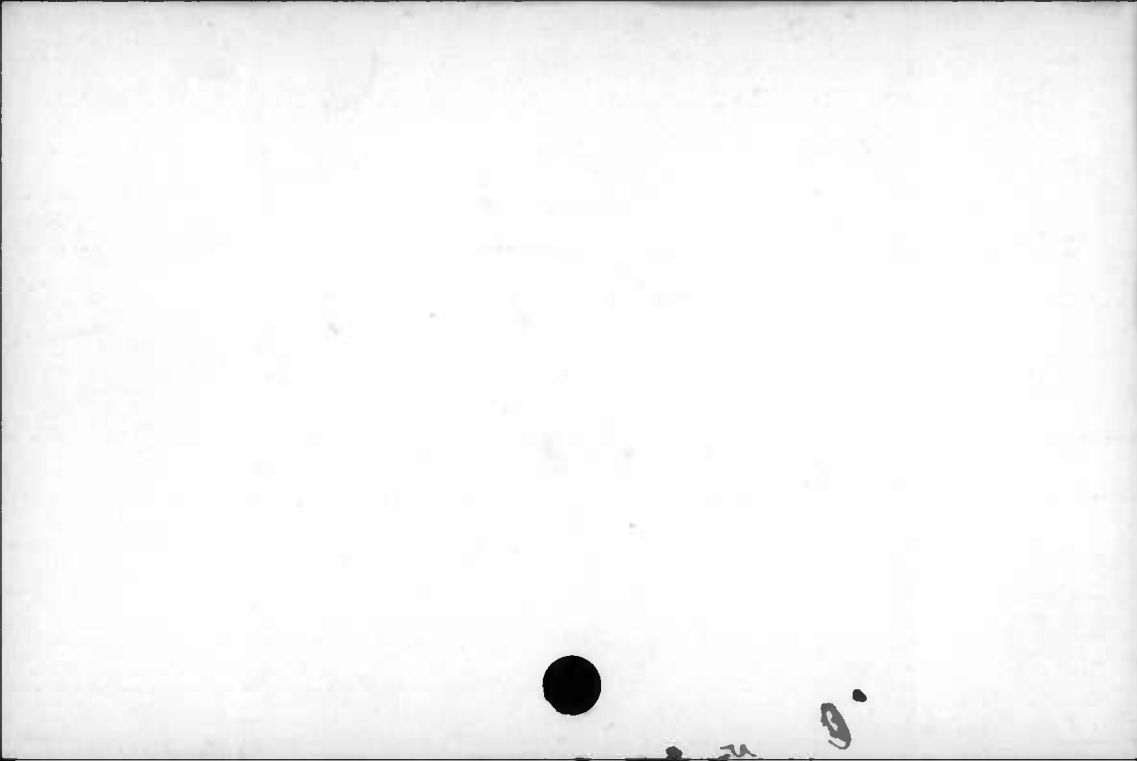
Signature of Physician

Address

*Yes T. D. D. Churchton*

Accident or Suicide?

*—*



Name  
in  
Full

Charles Thomas Primors

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

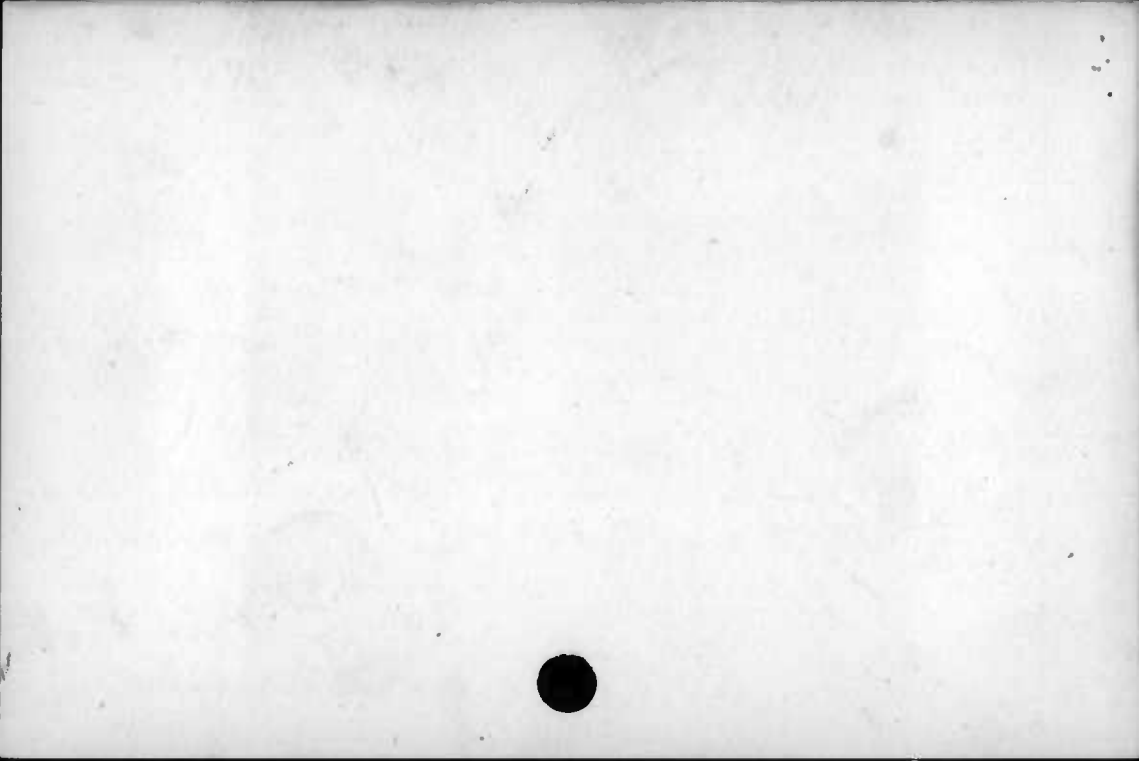
Died at <u>East Port</u> <sup>Town</sup>		<u>Ala</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>79</u>	Years <u>79</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>West River</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Sophia Primors</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Emma Johnson</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Senility</u>	How long <u>154</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout</u>
<u>yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	





Name  
in  
Full

Still Born.

Payer

CERTIFICATE OF DEATH

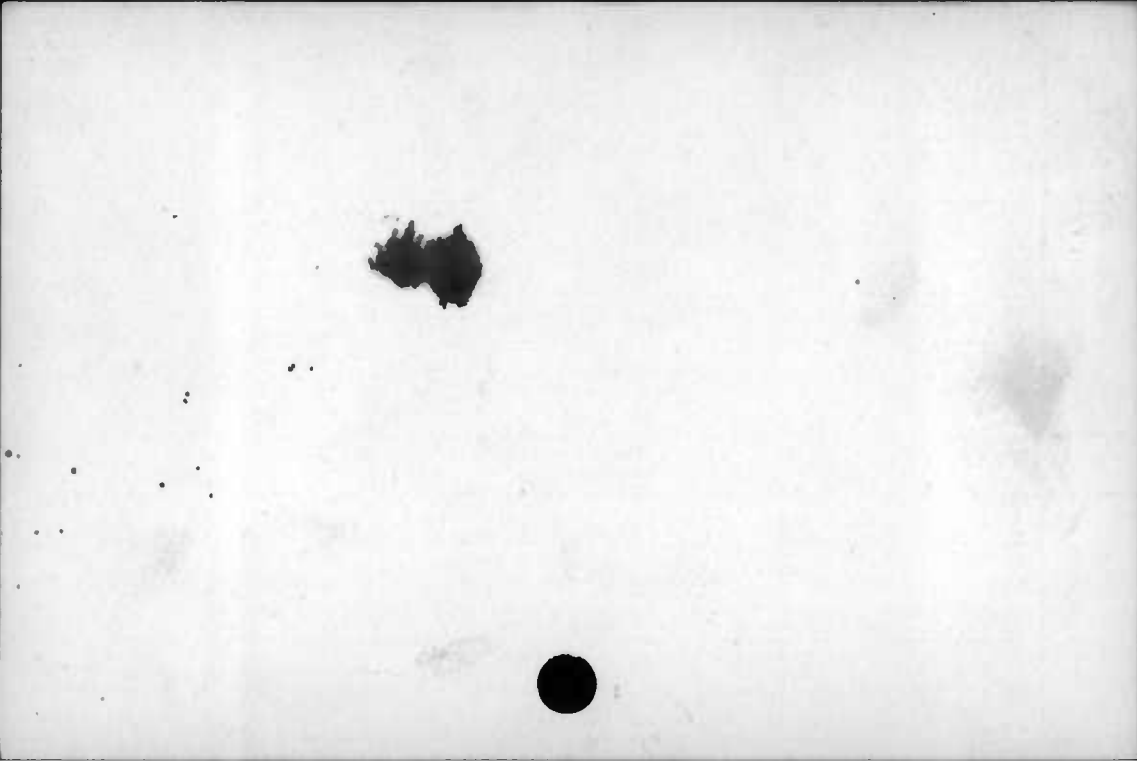
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>A. A.</u> <sup>County</sup>		<u>Co.</u>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup>		<u>August</u> <sup>Day</sup>		<u>17</u> <sup>Age</sup>		<u>—</u> <sup>Years</sup>	
Sex <u>Female</u>		Color or Race <u>Colord.</u>		Birth-place <u>Annapolis Md</u>		<u>—</u> <sup>Months</sup>	
Occupation <u>unknown.</u>		Where Residing if not at place of death <u>72 Clay St.</u>		<u>Unknown.</u>		<u>—</u> <sup>Days</sup>	
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>		<u>—</u>		<u>—</u>	
Father's Name <u>Rufus Payer</u>		Father's Birthplace <u>Washington D.C.</u>		<u>(S)</u>		<u>—</u>	
Mother's Maiden Name <u>Adella Brice</u>		Mother's Birthplace <u>Annapolis</u>		<u>(S)</u>		<u>—</u>	
Name of person giving information <u>Kate Dogans</u>		How related to deceased <u>Grandmother</u>		<u>(S)</u>		<u>—</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Born</u>		How long <u>(S)</u>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout</u>	
<u>yes</u>		Address <u>Annapolis Md</u>	
Accident or Suicide? <u>—</u>		<u>—</u>	



Name

in  
Full

Felix Petrovski

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Burton Bay Ch County MARYLAND

Date of death 190 7 Month 8 Day 16 Age 2 Years Months Days

Sex Male Color or Race White Birth-place Russia

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Anton Petrovsky Father's Birthplace Rus -

Mother's Maiden Name Angela Mother's Birthplace "

Name of person giving information Father How related to deceased —

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary Enteritis How long 8 days

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician Charles D. Brown

Address —

Accident or Suicide? —

will call tomorrow at.

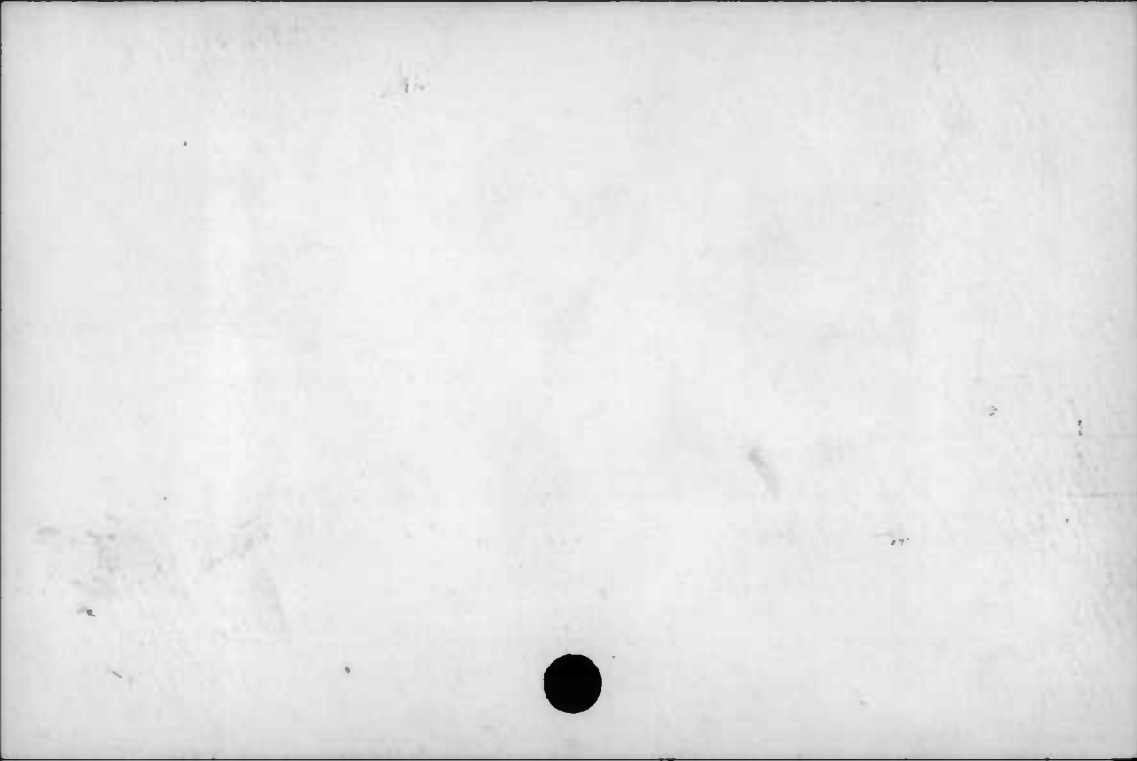
for this Permit

12 O'clock  
noon

E. H. Asle.

undertaker.

Name in Full		Mary Ann Quaid				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Twp Annapolis		County Anne Arundel		MARYLAND	
	Date of death	1907	Month Aug.	Day 26th.	Age 77	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housekeeper		Where Residing if not at place of death		Annapolis Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband		L. Morris Quaid	
	Father's Name	James Hubbard		Father's Birthplace		Dorchester Co. Md.	
	Mother's Maiden Name	Margaret S. Seyward		Mother's Birthplace		" "	
Name of person giving information	George F. Quaid		How related to deceased		Grandson		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy		(64)		How long Immediate	
	Immediate	"		"		How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
	Yes No			Address			
Accident or Suicide?			Geo. Wells Annapolis Md.				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Nancy Green*  
*Campt Parole Co* CountyDate of death *1907 Aug 7* Month *7* Day *7* Age *2* Years *14* Months *2* Days *14*Sex *Female* Color or Race *Colored* Birthplace *Camp Carroll*Occupation *unknown* Where Residing if not at place of death *Unknown*Married, Single or Widowed *Single* Name of Wife or Husband *unknown*Father's Name *Eugene Green* Father's Birthplace *Camp Carroll*Mother's Maiden Name *Louisa Chambers* Mother's Birthplace *Camp Carroll*Name of person giving information *Eugene Green* How related to deceased *Father*

## CAUSES OF DEATH

*151*Primary *Marasmus* Since Birth  
Immediate *exhaustion* Gradual

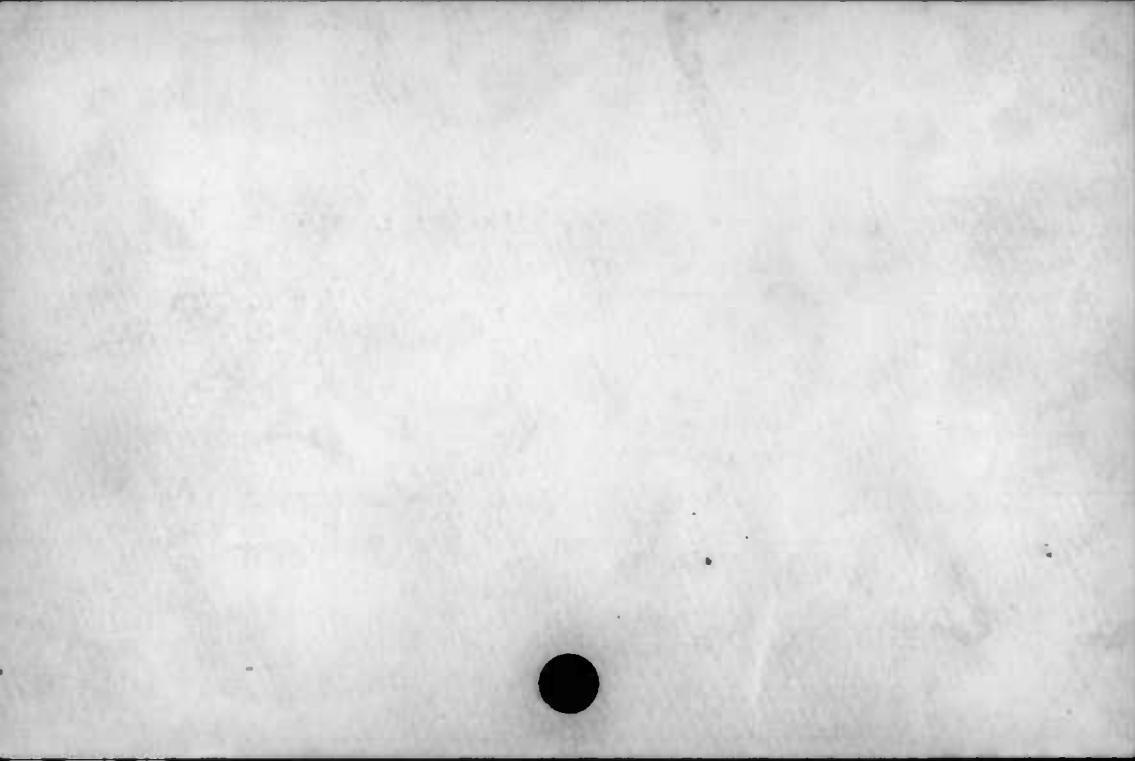
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*yes**John Ridout, MD*  
*Annapolis*  
*MD*

Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

Lilly Louise Rogers  
Town *Deale* County *A.A.*

MARYLAND

Died at  
Date of death *1907 Aug 10* Age *—* Months *4* Days *10*

Sex *Female* Color or Race *White* Birth-place *Deale, Md*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *H. C. Rogers* Father's Birthplace *Md*

Mother's Maiden Name *Margaret Whittington* Mother's Birthplace *Md*

Name of person giving information *H. C. Rogers* How related to deceased *Father*

CAUSES OF DEATH

Primary *Meningitis* **61** How long *3 days*  
Immediate *Convulsions* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

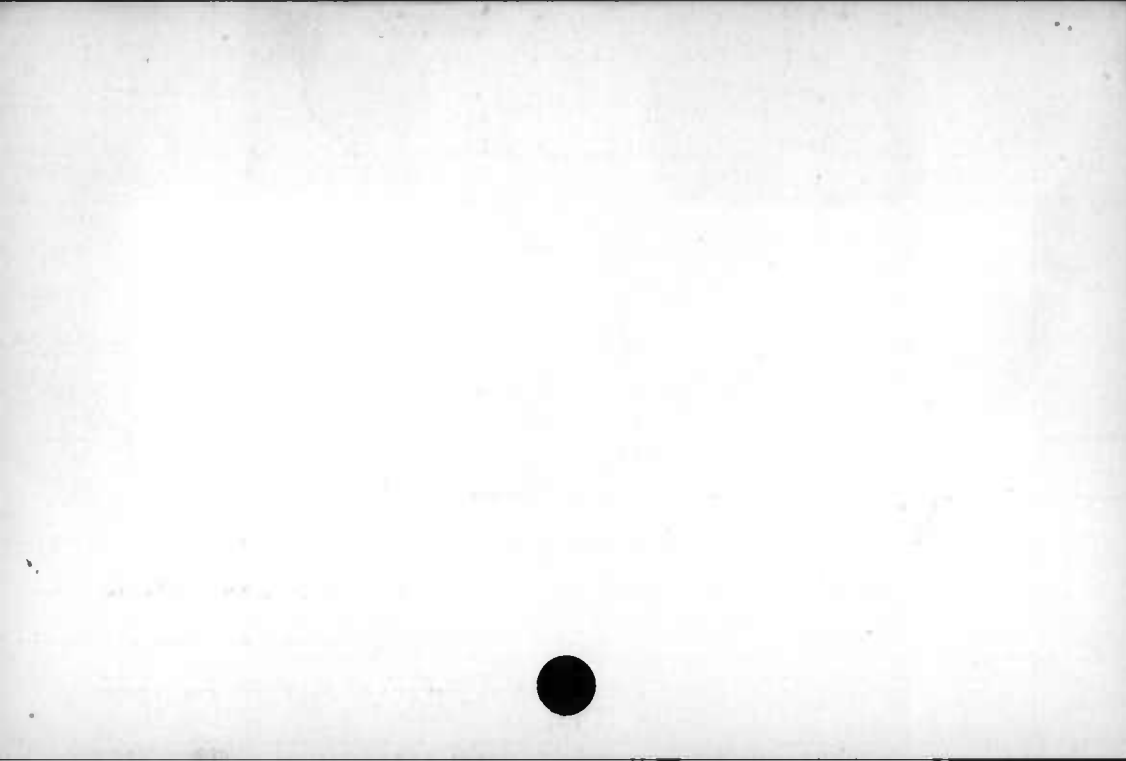
Signature of Physician *Geo T Dent*  
Address *Champton*

Accident or Suicide?

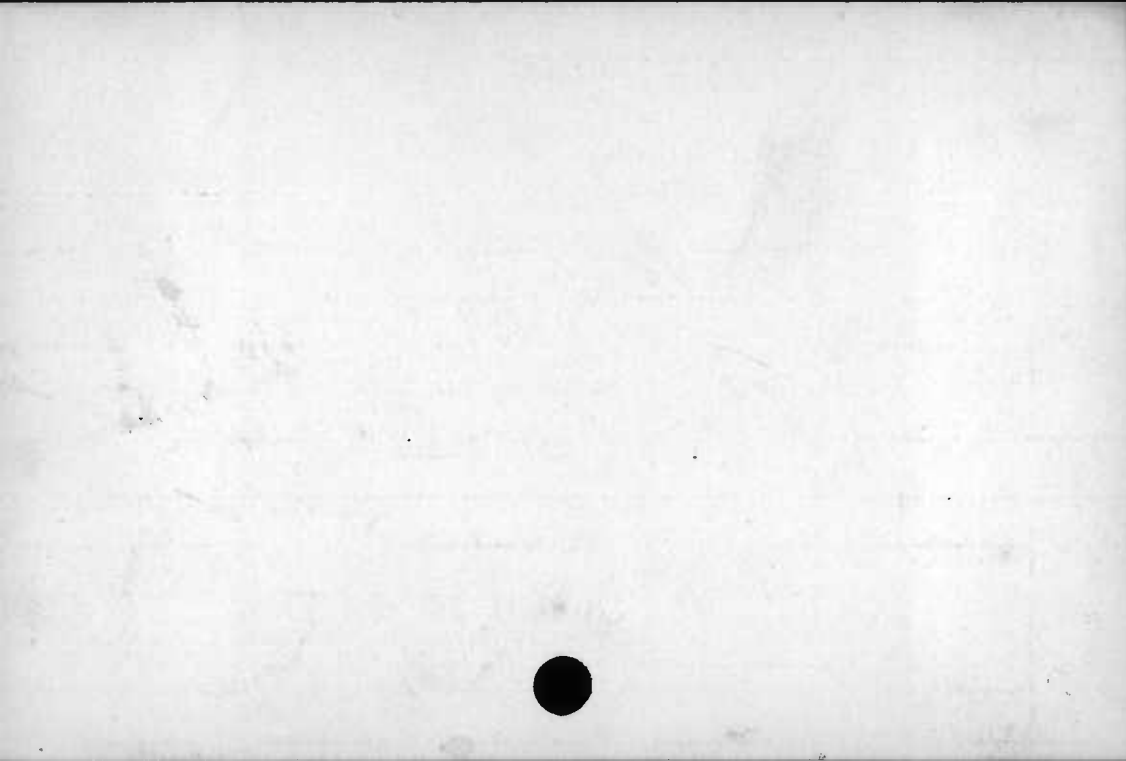
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full <b>Schuster</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <b>Perryville</b>		County <b>Carroll</b>
	MARYLAND		
	Date of death <b>1907</b>	Month <b>Aug</b>	Day <b>2</b>
	Age		Years
	Months		Days
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Me</b>
	Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <b>Gustave Schuster</b>	Father's Birthplace <b>Ger</b>		
Mother's Maiden Name <b>Mary Waller</b>	Mother's Birthplace <b>Ger</b>		
Name of person giving information <b>Gustave Schuster</b>	How related to deceased <b>Son</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Still Born</b>	How long	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>W. G. Schuster</b>	
		Address <b>S. B. Ball, Ind</b>	
	Accident or Suicide?		



Name  
in  
Full

William Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

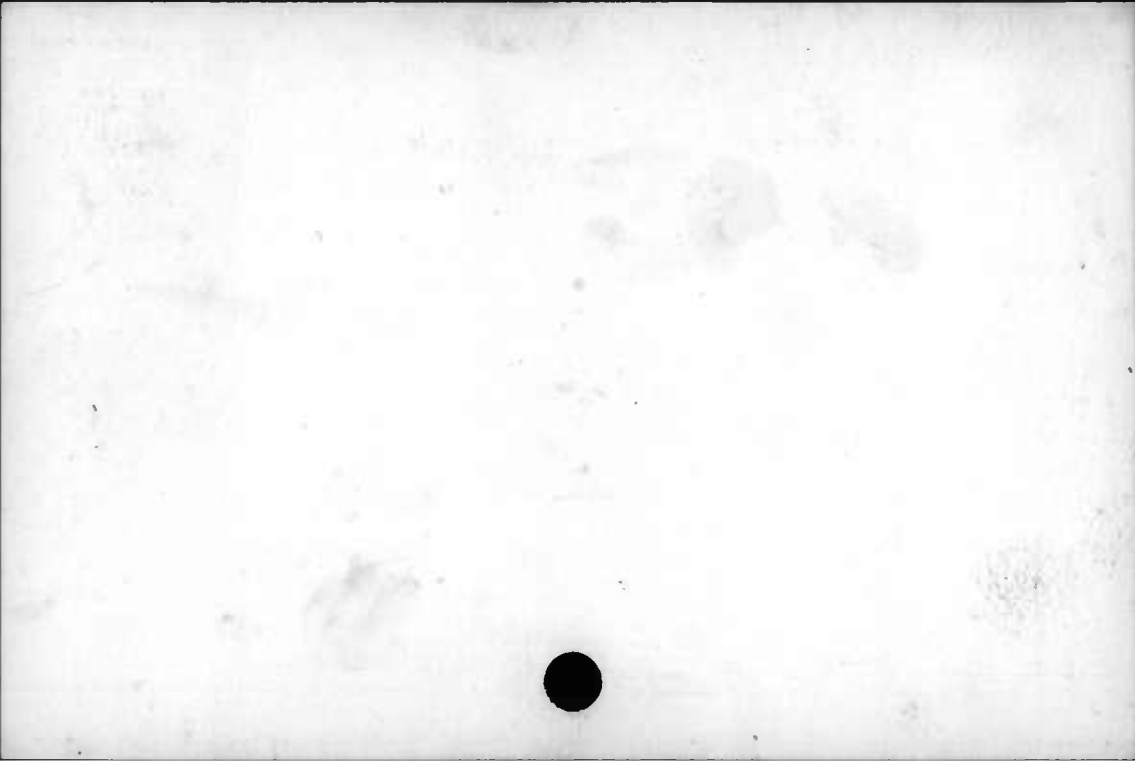
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Pa.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Aug</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	Age <i>23</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>24</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>			
Occupation <i>Waiter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Scott</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>West River Md</i>		
Mother's Maiden Name <i>Harriett Mitchell</i>	Name of person giving information <i>Rosie Scott</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary <i>Acute Peritonitis</i>	How long <i>6 days</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <input type="checkbox"/>	



Name  
in  
Full

Mary Margerate Sharp

## CERTIFICATE OF DEATH

Town

County

Died at

Armiger P.O.

Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

Aug.

27

Age

60

X

X

Sex

Female

Color or  
Race

White

Birth-  
place

A.A. Co. Md.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John Sharp

Father's  
Name

Greenterry P. Sharpington

Father's  
Birthplace

A.A. Co., Md.

Mother's  
Maiden Name

Sarah A. Griffith

Mother's  
Birthplace

A.A. Co., Md.

Name of person giving  
In formation

Mrs. Caroline Phelps

How related  
to deceased

Sister

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Three years

Immediate

Cardiac Failure

How long

Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

James S. Billingsha MD

Address

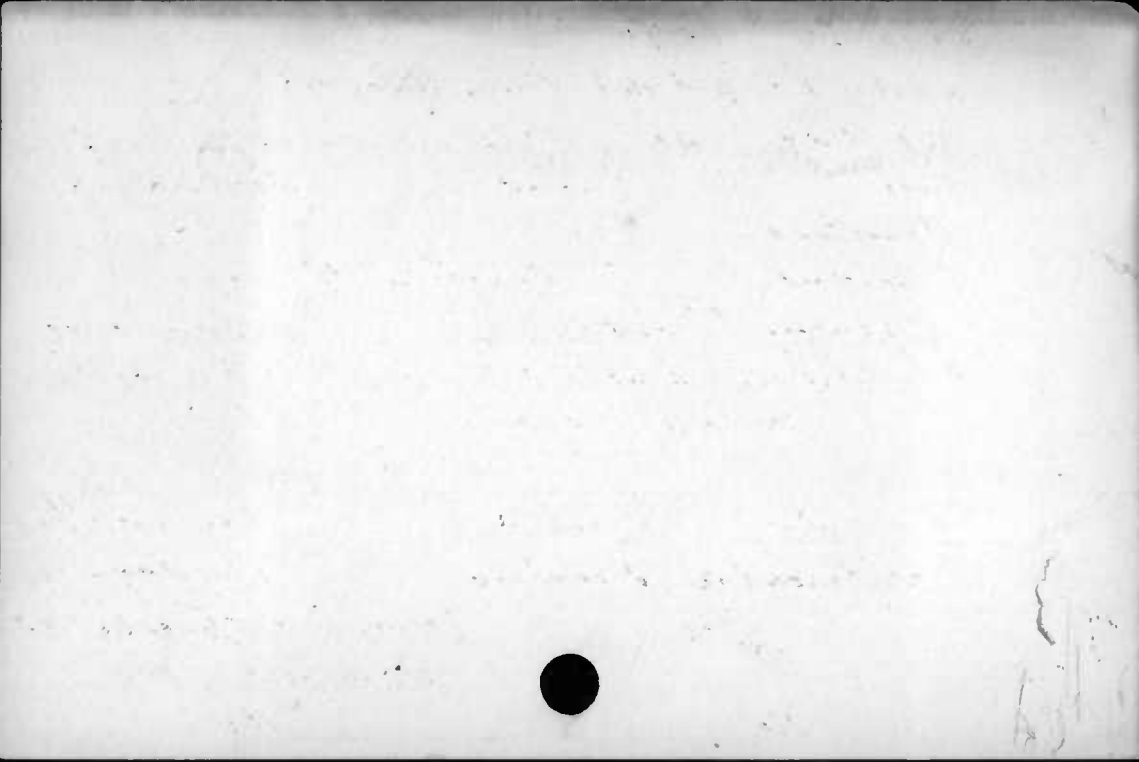
Armiger

Accident or Suicide?

No.

Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Joseph Simonosky

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

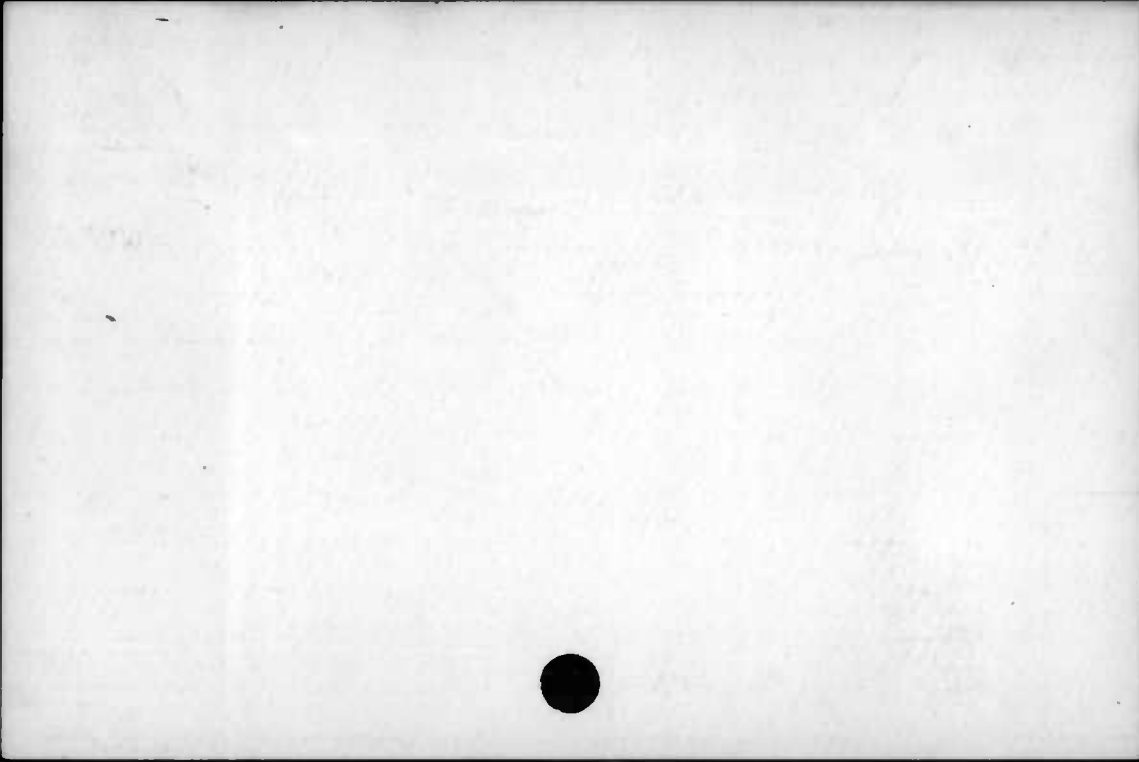
Died at		Town Curtis Bay		County 4.9		MARYLAND	
Date of death	1907	Month Aug	Day 3	Age 2	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Curtis Bay
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

(106)

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	2 WEEKS
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Horton M.D.
yes		Address	So. Balto Md
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

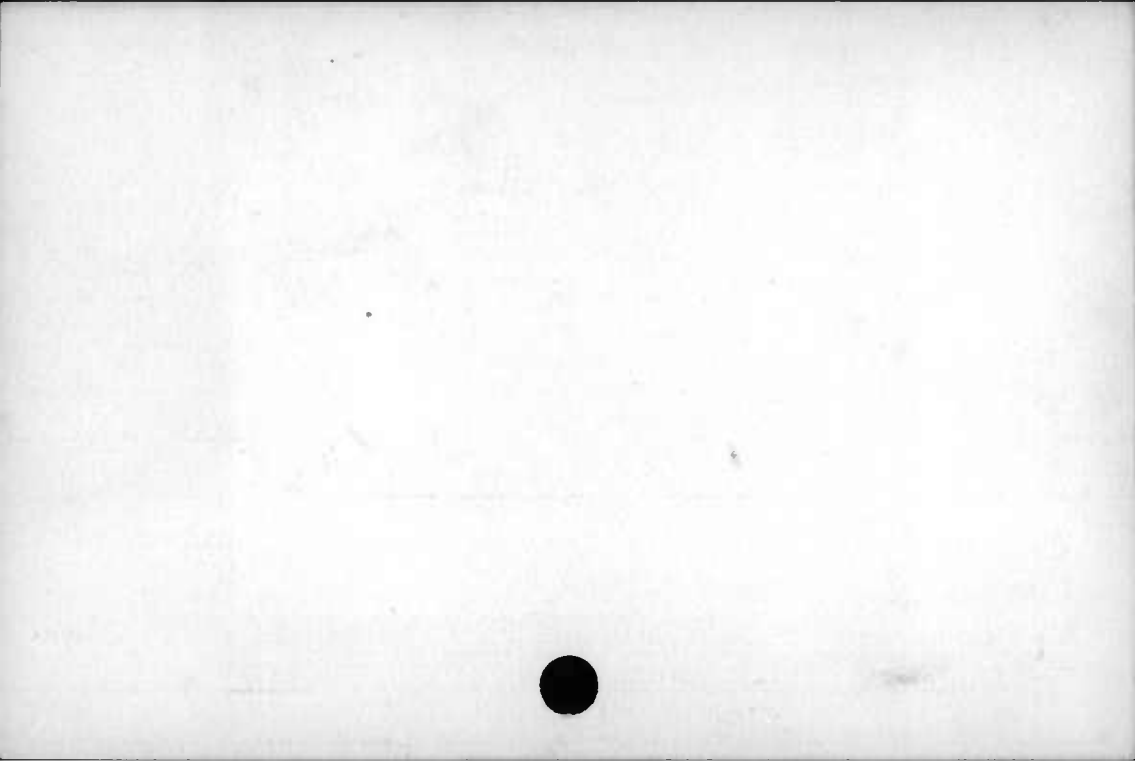
Name: *Jacob Spurgeon*  
 Died at: *Marshall* <sup>Town</sup> *Harford* <sup>County</sup>  
 Date of death: *1907* Month *8* Day *31* Age *19* Years Months Days  
 Sex: *Male* Color or Race: *White* Birth-place: *Germany*  
 Occupation: *Sailor* Where Residing if not at place of death: *at home*  
 Married, Single or Widowed: *Single* Name of Wife or Husband: *—*  
 Father's Name: *—* Father's Birthplace: *Germany*  
 Mother's Maiden Name: *—* Mother's Birthplace: *Germany*  
 Name of person giving information: *—* How related to deceased: *—*

CAUSES OF DEATH

*166*

PHYSICIAN  
or CORONER

Primary: *Accidental by falling out of window* How long: *—*  
 Immediate: *—* How long: *—*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician: *John N Davis*  
 Address: *Justice of the Peace*  
*acting coroner*  
*Ambridge, Md*  
 Accident or Suicide? *Accident*



Name  
in  
Full

Adam Slouet

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

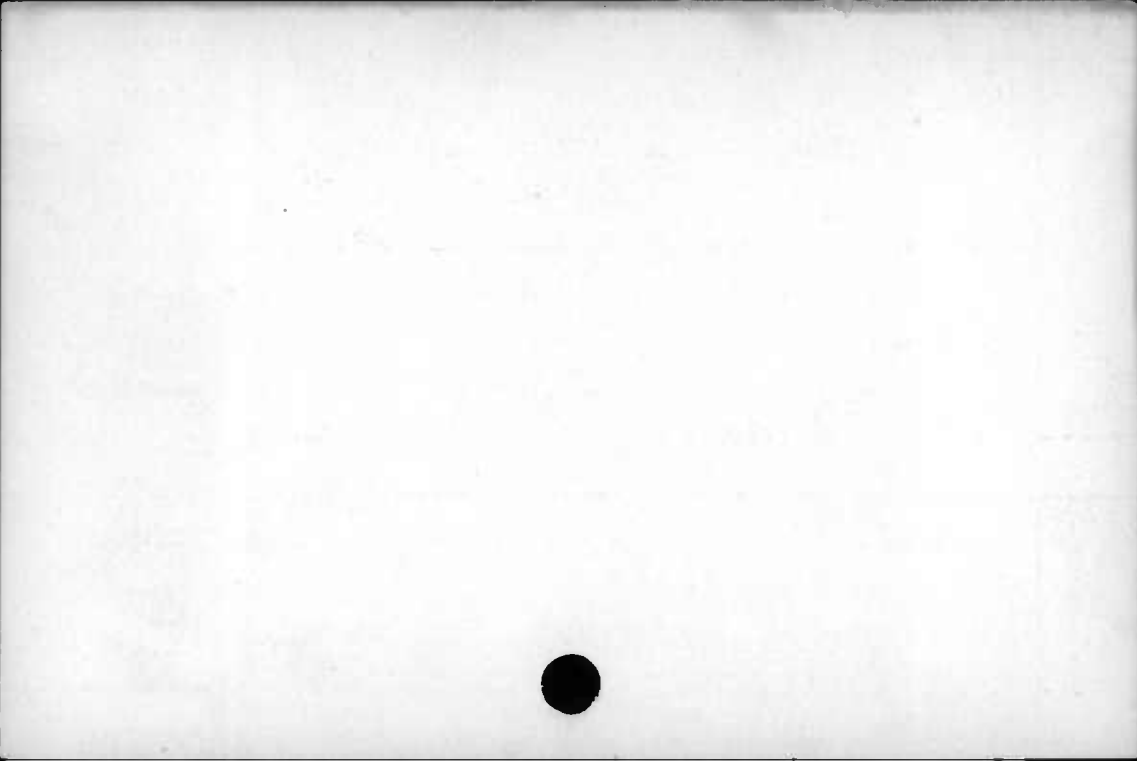
Died at		Town Brooklyn		County Cun		MARYLAND	
Date of death		190	7	8	Day	25	Age
Sex		Male		Color or Race		White	
Occupation		Business		Where Residing if not at place of death		In a	
Married, Single or Widowed		Widow		Name of Wife or Husband		Rachel	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving In formation		Henry W. Slouet		How related to deceased		Son	

## CAUSES OF DEATH

14

PHYSICIAN  
OR  
CORONER

Primary	Exhaustion	How long	2 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Charles A. Brooke	
Address		Brooklyn	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary J Smith

Died at <sup>Town</sup> *Barthright* <sup>County</sup> *Annamdelle*

MARYLAND

Date of death <sup>Month</sup> *1907* <sup>Day</sup> *August* <sup>Years</sup> *24* <sup>Months</sup> *41* <sup>Days</sup>

Sex *Female*

Color or Race *Color*

Birth place *Annamdelle*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

*widowed*

Name of Wife or Husband

*Nathaniel Smith*

Father's Name

*Charles Robson*

Father's Birthplace

*Annamdelle*

Mother's Maiden Name

*Abeth Robson*

Mother's Birthplace

*Annamdelle*

Name of person giving information

*William Wallace*

How related to deceased

*son*

CAUSES OF DEATH

Primary

*diabetes*

*(64)*

How long

*60 days*

Immediate

*apoplexy*

How long

*1 day*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

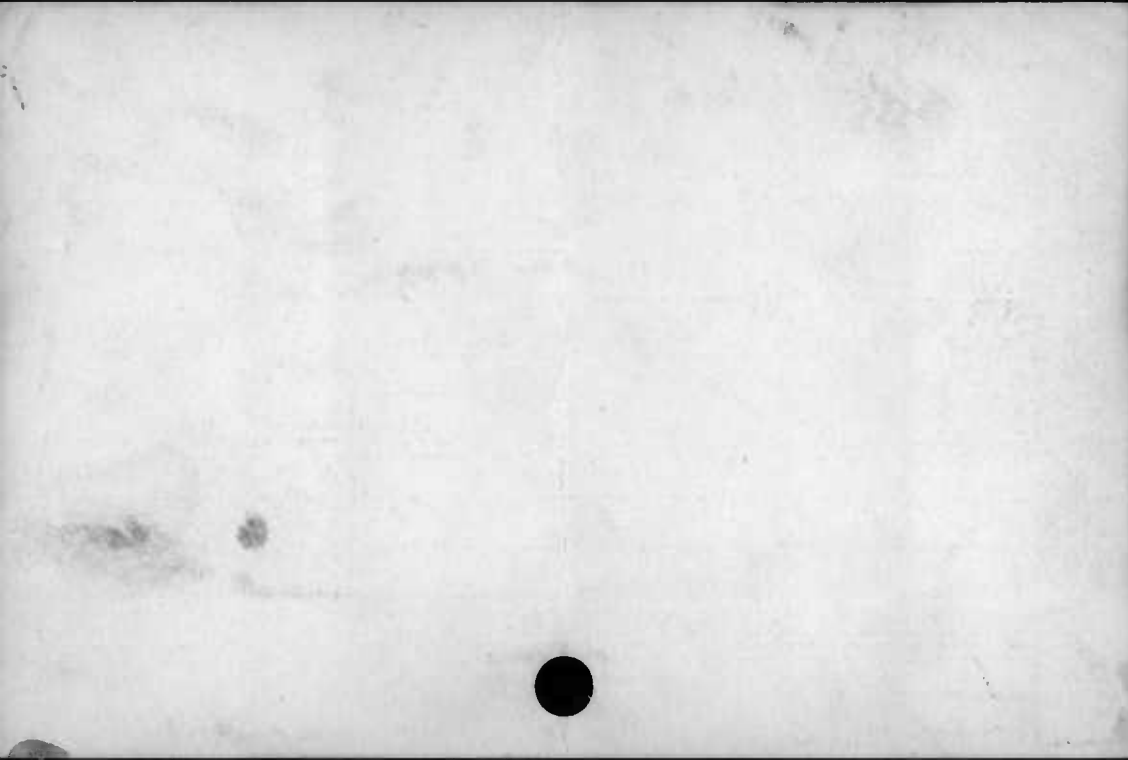
*Thomas H Braum*

Address

*Annapolis*

PHYSICIAN  
OR CORONER  
*1*

Accident or Suicide?





Name  
in  
Full

Lawrence Spencer.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

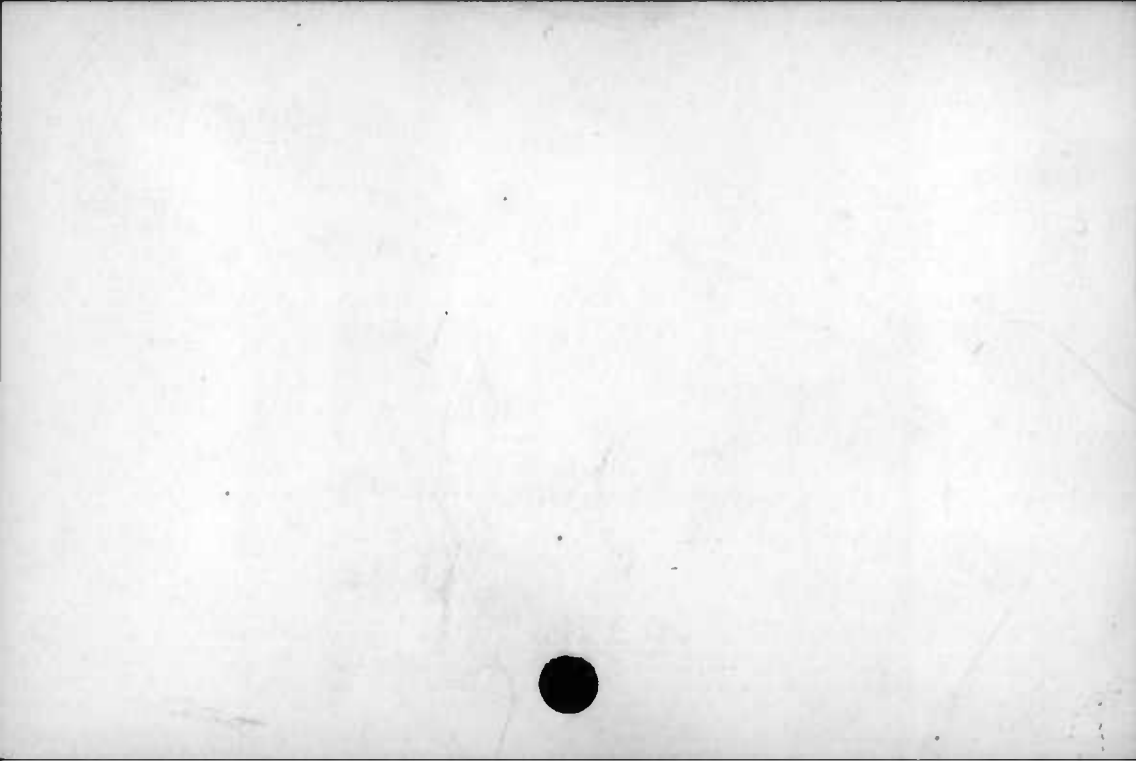
Died at <i>Annapolis</i> <sup>Town</sup>		<i>A. A.</i> <sup>County</sup> <i>Bo.</i>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup> <i>aug-</i> <sup>Day</sup> <i>18.</i>	Age	<i>—</i> <sup>Years</sup>	<i>9.</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Annapolis Md</i>
Occupation	<i>unknown</i>	Where Residing if not at place of death		<i>71 Acton Lane.</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband		<i>unknown</i>	
Father's Name	<i>Nelson Spencer</i>			Father's Birthplace	<i>Annapolis Md.</i>
Mother's Maiden Name	<i>Florence Snowden</i>			Mother's Birthplace	<i>Annapolis Md</i>
Name of person giving information	<i>Nelson Spencer</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>six days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?	<i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

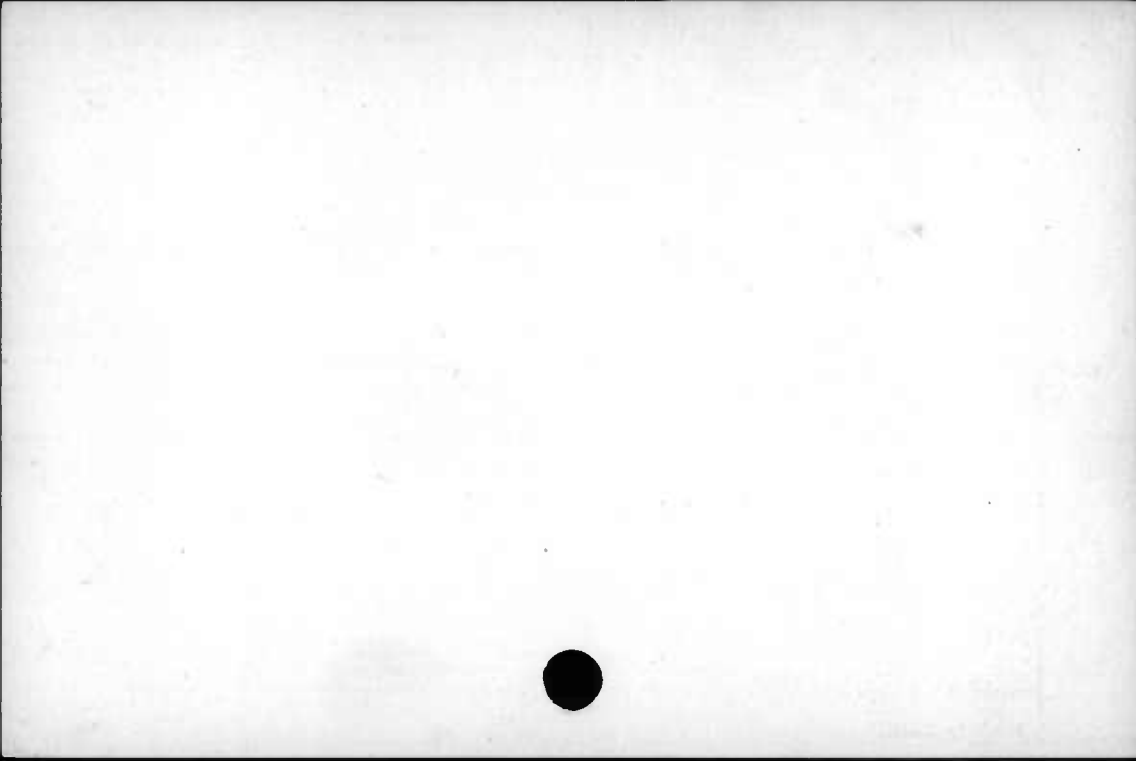
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County		A. A. Co.		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug.</i>		Day <i>16</i>		Age		Years <i>10</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>					
Occupation <i>None</i>		Where Residing if not at place of death <i>West Street</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>Archie. C. Spriggs</i>		Father's Birthplace <i>A. A. Co. Md</i>							
Mother's Maiden Name <i>Susie. E. Sherbert</i>		Mother's Birthplace <i>Baltimore</i>							
Name of person giving information <i>Archie. C. Spriggs</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	<i>105</i>	How long	<i>6 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>ye</i>	Signature of Physician <i>Wm J Welch</i>	
			Address <i>Annapolis</i>	
Accident or Suicide?		<i>—</i>		



Name in Full		Harry Taylor		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis md</i>		County <i>A. A. Co.</i>		MARYLAND	
	Date of death <i>1907 Aug</i>		Age <i>24</i>		Months <i>7</i> Days <i>4</i>	
	Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis md</i>	
	Occupation		Where Residing if not at place of death <i>30 Washington st</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
	Father's Name <i>Daniel Taylor</i>		Father's Birthplace <i>Annapolis md</i>			
	Mother's Maiden Name <i>O. Beam Taylor</i>		Mother's Birthplace <i>Annapolis</i>			
PHYSICIAN OR CORONER	Name of person giving information <i>Daniel Taylor</i>		How related to deceased <i>Father</i>		<i>(K19)</i>	
	CAUSES OF DEATH				<i>(151)</i>	
	Primary <i>Marasmus</i>		How long <i>Months</i>			
	Immediate <i>Exhaustion</i>		How long <i>Gradual</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>		Address <i>Annapolis Md</i>		
<i>yes</i>		Address				
Accident or Suicide?						



Name  
in  
Full

Frances Gordon Weeks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hachets Port</i>		County <i>a a Co</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>Aug</i>	<i>6</i>	<i>29</i>		<i>1</i>
Sex	Color or Race	Birth-place			
<i>Female</i>	<i>White</i>	<i>S. C.</i>			
Occupation	Where Residing if not at place of death				
<i>None</i>	<i>None</i>				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
<i>Single</i>	<i>None</i>	<i>S. C.</i>			
Father's Name	Mother's Maiden Name	Mother's Birthplace			
<i>James W Weeks</i>	<i>Julius F Weeks</i>	<i>S. C.</i>			
Name of person giving information	How related to deceased				
<i>Mrs J. S. Reman</i>	<i>Sister</i>				

## CAUSES OF DEATH

Primary	<i>Suicide</i>	How long
Immediate	<i>Hanging</i>	How long

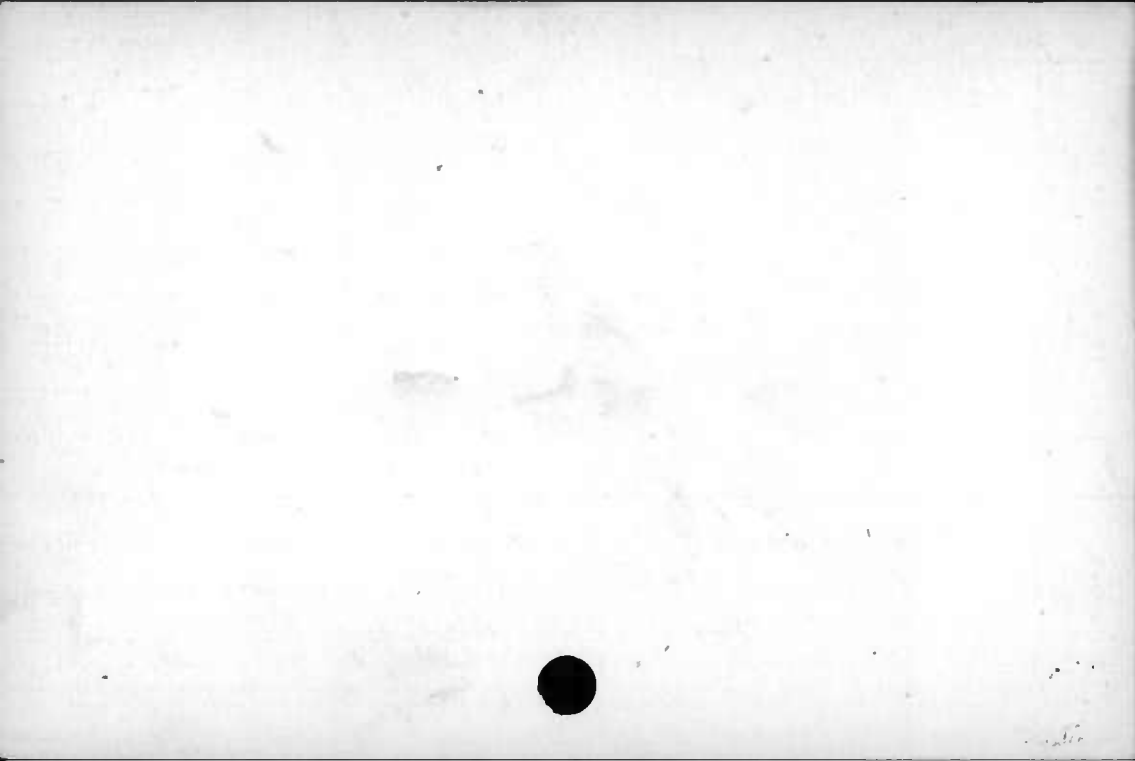
Are the name, age, sex, color, date and place correctly given above?

*Yes*Signature of Physician  
Address

*Coroner, Grafton, N. H.*  
*St Margaret's,*  
*A. A. Co, N. H.*

Accident or Suicide?

*Suicide*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *or near month of* *Town* *St. Thomas* *County* *Baltimore*Date of death *1907* Month *Aug* Day *22* Age *22* Years Months *4* Days *-*Sex *male* Color or Race *white* Birth-place *Balti-City*Occupation *clerk* Where Residing if not at place of death *413 N. Patterson Park Ave*Married, Single or Widowed *married* Name of Wife or Husband *Malinda Wheeler*Father's Name *Harvey C. Wheeler*Father's Birthplace *Baltimore City*Mother's Maiden Name *Annie Booker*Mother's Birthplace *Baltimore*Name of person giving information *Harvey C. Wheeler*How related to deceased *Father*

## CAUSES OF DEATH

172

Primary *Accidental drowning*How long *-*Immediate *Immediate*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Malville S. Dunlop*Address *asking for answer*  
*Armitage P.O. & Co Inc*Accident or Suicide? *Accident*PHYSICIAN  
OR CORONER  
1

Witness (only one) with him  
when drowned.

Frank Poffel. 257 S. Bond  
St. was with him when he  
was drowned while crossing  
in waters of Henry Creek. 3<sup>rd</sup>  
Div. A A G made

Name  
in  
Full

Elmer Frank Wolfrom

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brooklyn</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Aug</i>	Month <i>Aug</i>	Day <i>22</i>	Age	Years <i>8</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Brooklyn Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank A Wolfrom</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Appell</i>		Mother's Birthplace <i>Brooklyn Md</i>			
Name of person giving information <i>Mary Wolfrom</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH-

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>One week</i>
Immediate <i>As the cause</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Hancock M.D.</i>
<i>Yes</i>	Address <i>1228 1/2 Charles St Baltimore, Md.</i>
Accident or Suicide? <i>No</i>	

